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# Medical economics



MBER 1938

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# HOW IMPORTANT ARE MINERALS IN THE DIET?

?

They are absolutely essential for the maintenance of an adequate state of nutrition. However, not infrequently an apparently minor mineral deficiency may weaken the body's defensive mechanism to such a point that

Pregnancy,  
Infection, or any  
Other unusual tax

may lead to a prolonged  
period of convalescence.

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CONTAINS THE DEFICIENT MINERALS!

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EDITOR

M.D. GI

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# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

DECEMBER 1938

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DEC. 4 1938



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DEC. 1938

# HOW CHEAP IS A FEVER THERMOMETER YOU CAN'T BELIEVE?

AS cheap as a basket of mushrooms with a few toadstools in it. Not many, just a few.

Don't misunderstand us. Plenty of cheap fever thermometers are all right.

But mixed in with them, *and looking just like them*, are a few toadstool thermometers—improperly made, inadequately tested, seasoned hastily or not at all.

A few thermometer manufacturers—B-D is one of them—will not sell any but reliable fever thermometers. They *destroy* those that develop defects during manufacture.

Of course, toadstools do not afford a really good comparison with thermometers.

Eat a toadstool, and the effects are almost immediately evident—

While you may *never* find out what is wrong with a cheap, inadequately tested fever thermometer.



B-D PRODUCTS

*Made for the Profession*

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

# speaking frankly

DEC.

1938

## SALT

TO THE EDITORS: With regard to your article, "Jobs in the Civil Service": The facts as stated are no doubt correct, but as to opportunity for service men, a pinch of salt is needed. I am a veteran, and at one time stood among the "three highest" on an eligible list for an appointment in the Veterans Bureau. I never heard from this, and finally wrote the Civil Service Commission. They stated that the Veterans Bureau was accepting no one "who had been out of school longer than fourteen years." The statement "no age limit for veterans," sometimes seen on posters, is evidently a dead letter. In any event, this method of certifying the "three highest" makes possible the continuous—and convenient—elimination of successful candidates.

M.D., Indiana

TO THE EDITORS: Your article in the October issue, entitled "Jobs in the Civil Service," was indeed enlightening. On the surface, the Government offers a panacea for all struggling doctors—especially the younger ones.

But—it would be interesting to know why so many doctors leave the Government service after five or ten years' active duty. Is it the routine that gets them? Is it the type of medical officers in charge? One former Government physician made the statement that superintendents were dictators and ran their Federal institutions like monarchies.

Another matter for consideration is this:

After a man spends three years in a liberal arts college and four at medical school, plus one or two years in a hospital as an intern, will

he be content to enter Government service where 70% of the work is paper work and 30% medical? Or, will he stand being stuck on a ship over in the Philippines or Alaska where, in his spare time, he assists a surveying party in its work?

We should know more about the physician's status in the Government service. Let's hear from some of the profession, both in and out of the civil service, on why they take Government jobs—or why they would not consider taking them. And how about suggestions on how some of the conditions of Government medicine can be rectified?

S. Acres, M.D.  
Bristol, Maine

## SEALS

TO THE EDITORS: Now that the sale of Christmas Seals is once more in full swing, it is interesting to recall the following letter from Dr. Louis I. Harris, former Commissioner of Health of the City of New York, published in the *New York Times* on June 8, 1932:

So far as I have been able to discover during many years of intimate contact, an utterly insignificant fraction of the several millions collected by the New York Tuberculosis and Health Association during the present decade and a half has been used to supply diagnostic care, medical treatment, sanatorium or hospital care, or any of the necessities of tuberculosis patients or their families. In fact, I am confident that none of the money is used to assist those suffering from tuberculosis.

If an accountant were to present a clear summary of the moneys collected during the period of approximately fifteen years since the organization was organized along its present lines, it would be seen that the funds have been



*Lightness...*  
**STRENGTH**

• Accurate conformation and immobilization with use of "Specialist" Splints! The casts are very strong, yet light in weight. "Specialist" Splints are easily applied, and are convenient and time-saving for office work. They saturate instantly. There is no loose plaster. Messiness usually

associated with plaster work is minimized. "Specialist" Splints and Bandages are supplied in convenient sizes.

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**"SPECIALIST" SPLINTS** *and Bandages*

utilized. . . principally for salaries to workers to carry on its propaganda. . .

The fate of the victimized public has been expressed in similar words in a letter to the *New York American* regarding the National Tuberculosis and Health Association. To wit:

. . . purchasers of Christmas Seals are under the impression that TB patients and TB institutions receive benefits from the money realized through Seal sales—an impression that the N.T.A. fosters. I personally do not know of any TB patient or TB institution that has received one cent of aid from the proceeds of these sales.

All the monies realized through the sale of Christmas Seals and all the monies donated are used almost exclusively for publicity purposes, salaries for high officials and their private secretaries, and large office personnel.

M.D., New York

#### HAMMER

TO THE EDITORS: MEDICAL ECONOMICS has published a number of articles exposing lodge practice. I just want to tell you that you've hit the nail on the head—and *hard*. My experience with this type of contract indicates that it has, indeed, hit a new low. Imagine 50c for a quarter-year—16 2/3c a month—for care for a whole family! If it were not so tragic, it would be ridiculous.

James E. Arnold, M.D.  
Mt. Iron, Minn.

#### DEBATABLE?

TO THE EDITORS: I see by your Speaking Frankly column that two readers disagree with your October editorial advocating a greater dependence upon local speakers at society meet-

ings. I rather expected you would get this reaction; and I'm inclined to support it. Local talent can and should be worked in, but it does not draw attendance—unless there is a fight or debate. While I don't advocate staging fights (they'll take care of themselves anyhow), a few more debates might serve the purpose of developing the talent you wish to see encouraged.

M.D., New Jersey

#### COERCION

TO THE EDITORS: By what right does organized medicine coerce individuals into joining its ranks?

Evidence that such coercion exists is to be found on all sides. Take, for example, the following recommendations of the committee on new members of one of our leading county medical societies:

(1) "That membership in the county medical society be made more desirable to the younger men, so that they will find it advantageous to join, instead of being coerced into joining."

(2) "That the efforts of the special committee on hospitals and dispensaries be enlisted in the approach to hospitals for having membership in the county medical society a prerequisite for staff positions."

Even Federal and state authorities have encouraged methods smacking of coercion. Some time ago, for instance, the ERA in my state authorized county medical society committees to determine which needy and destitute physicians should be placed on the relief rolls. These committees pointedly advised applicants that county medical society members



## In cardiac distress—THEONTRATE

Undelayed absorption assures prompt effects. A Myocardial stimulant, Vasodilator and Diuretic in Concentrated Liquid Form. Supplied: 1 oz. dropper bottle. Write for sample and literature.

ME 12-38

THE COLUMBUS PHARMACAL CO., Columbus, Ohio

DEC. 4 1938

# IRON from the patient's point of view

## OVOFERRIN

is tasteless, odorless,  
non-irritating,  
non-constipating



WE can scarcely expect a patient to co-operate or respond when iron medication is unpalatable, blackens the teeth and tongue, upsets the stomach and constipates. Yet most iron preparations have one or more of these disadvantages.

OVOFERRIN, the colloidal iron-protein, has none of these unpleasant attributes. *But it is therapeutically more effective.* Over thirty-five years of clinical experience have proven it to be so. Indeed, a recent clinical study by an eminent internist indicates that grain for grain, the iron in OVOFERRIN has far greater hematinic power than that of ferric ammonium citrate. There is good reason for this, since OVOFERRIN is iron in fine metallic colloidal suspension—the ideal state for quick agreeable assimilation.

In all forms of secondary anemia, and in all types of patients, OVOFERRIN improves the blood picture, stimulates the appetite, and creates a general feeling of well being. Prescribed—11 oz. bottles. Dose—one tablespoonful in milk or water at meals and bedtime. Professional sample upon request.



**IRON in its most minute,  
most efficient subdivision**

**A. C. BARNES COMPANY, INC., New Brunswick, N. J.**

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would receive first consideration.

Further evidence may be seen in our workmen's compensation act. This supposedly grants workmen free choice of physician. Yet, actually, an amendment to the act restricts choice of physician to a county medical society panel.

At least 40% of the U.S. physicians are not members of organized medicine. In what possible way can the attempted coercion of this group of supposedly intelligent men be justified?

E. M. Josephson, M.D.  
New York, N.Y.

### REFLECTION

TO THE EDITORS: Head-mirrors get smeared and dirty easily. Yet the patient receiving a nose or throat treatment looks right at it. A clean mirror may not make much difference; but I have several times been embarrassed by a patient asking how I could "see anything with such a dirty mirror." Moral—keep your head-mirror spotless.

M.D., Pa.

### COLLECTOLOGY

TO THE EDITORS: Much of the failure that doctors experience in collecting their accounts could be corrected, I believe, by arriving at a definite understanding as to the amount of the bill and the method of payment—before the work is done. Of course, this won't apply to strictly emergency work, to consultation fees when called in by other doctors, or to casual office visits. But in my own practice, which consists exclusively of obstetrics and gynecology, I have

found that prearranged financial agreements result in almost 100% collection. Today, as I go through my list of delinquent accounts, not one of them falls into the class of elective work for which credit provisions were made in advance.

M.D., Ohio

TO THE EDITORS: I find that patients—not necessarily deadbeats—who are tardy in paying me for services will, upon being dunned, invariably try to discredit my ability in the presence of their friends and try to persuade them away from my office. This is a psychological antagonism of debtor to creditor; the patient rationalizes that he did not pay his bill because my treatment was not so beneficial as it might have been. Excuses are easily created.

I am convinced that the time to impress patients that medical fees must be paid is during the first visit. Very often the patient will start to walk out of the office without even mentioning anything about the doctor's remuneration. It would be wise at this point to elaborate upon some discussion of the patient's treatment, and then diplomatically lead up to a phrase such as:

"How do you wish to take care of this charge?" or "Would you rather pay for this visit now in preference to my placing it on the books?" If the patient is fair-minded, he won't feel offended; if he is not, the physician will experience difficulty with him later anyway, whether it be over the bill or his physical condition.

If the patient prefers to pay at a later date—and a lot of them may sincerely wish to—it is an excellent plan to ask the patient what date is

## RAY-D Irradiated YEAST TABLETS

Brewers yeast tablet containing in addition to Vitamin B Complex factors, 500 U.S.P. XI units of Vitamin D. Potent, inexpensive, palatable.

Buffalo, N. Y. NATIONAL INSTITUTE OF NUTRITION Los Angeles, Calif.



## The next best thing to Milk

**T**HERE is one simple answer that can solve the problem of the anti-milk patient who vitally needs the benefits of milk.

And the answer is that delightful lineal descendant of milk—*cheese*.

Very nearly all the good of milk is still present in cheese. As you well know, milk and cheese are the *only* foods we can tap in sufficient quantities for our daily requirements of calcium and phosphorus. And a delicious cheese food such as Borden's Chateau provides a particularly rich supply of *both* these essentials.

One more factor worth remembering when you suggest the inclusion of

cheese in a diet: Borden's Chateau is produced under the same vigilant, reassuring system of Borden Quality Control that safeguards Borden's Milk.

*The Borden  
Company*

350 MADISON AVENUE  
NEW YORK CITY

most convenient, and then write it down in a memorandum book in his presence, in order to make the impression clear.

Edgar O. Breakstone, M.D.  
Peoria, Ill.

## "SHOTS"

TO THE EDITORS: When I first started practice, I found that many people were prejudiced against the use of serums, vaccines, and "shots" of any kind. The patients who caused me the most concern in treatment were those who had been injured in automobile accidents and whose wounds were badly contaminated with road dust and other foreign material. There were also small children who had suffered splinter and nail wounds which were deeply penetrating and which carried strong possibility of tetanus infection. Very often their parents objected to prophylactic treatment with the tetanus serum.

I now have little trouble convinc-

ing people when a serum is needed. Here is how I have solved the problem: One day, I noticed a short article in a newspaper which read as follows:

### TREATMENT DELAY CAUSES DEATH OF TETANUS VICTIM

For the lack of administration of a few drops of anti-tetanus serum six days ago, Manuel Bettencourt, 6, 1659 Logan Ave., died yesterday at County Hospital, the first victim of lockjaw in recent years.

Hospital attaches said Manuel was admitted yesterday, six days after he suffered a deep wound in his right foot when he stepped on a nail. He died six hours after he was admitted.

If Manuel had been treated properly at the time of his injury he would have lived, according to hospital attaches.

The body was taken to Johnson-Saum mortuary. Manuel is survived by his parents, Mr. and Mrs. Leo Bettencourt. —*San Diego Union*, June 24, 1937.

I pasted this clipping on a card and posted the card on the wall of

# A SPECIFIC ?

Tongaline is not a specific, but it is a good medical approach in the treatment of the rheumatic syndrome.

*Therapeutically* it materially influences both the local and the general symptoms.

*Subjectively* it tends to relieve local joint discomfort and muscle spasm.

*Systemically* it provides adequate elimination and promotes general well-being.

**Tongaline** one of the most efficacious prescriptions in the treatment of the rheumatic syndrome, consists of Sodium Salicylate, Pilocarpine, Colchicum, Cimicifuga and Tonga in therapeutically recognized proportions.

Write for literature and free samples.

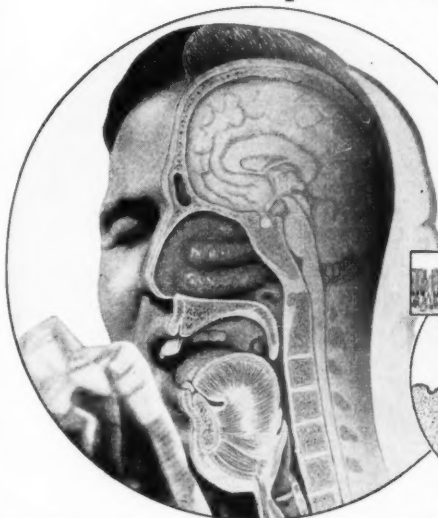
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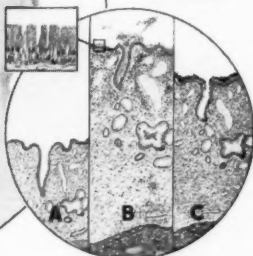
DEC. 4 1938

# IN COLDS—guard nasal mucoperiosteal function!



## BELOW:

- A—Healthy nasal mucosa
- B—In acute coryza
- C—Protected by Pineoleum



## AVAILABLE

Pineoleum Plain, in Nebulizer Outfit; in 30 cc. dropper bottles; and 100 cc. bottles. Or with Ephedrine, in 30 cc. dropper bottles. Also Pineoleum Ephedrine Jelly, in nasal applicator tubes.

## INDICATIONS

Coryza, all manifestations of rhinitis, influenza, laryngitis, rose colds, hay fever, summer catarrh, ozena.

THE recognized actions of Pineoleum's well-known ingredients meet squarely the need for help during colds: (1) to correct mucosal dryness and encrustation, favoring vital ciliary activity; and (2), by their astringency, to facilitate nose breathing, so that inspired air may be properly warmed, humidified and filtered.

In addition, (3) local sedation affords gratefully cooling relief from "fulness of the head"; while (4) stimulating and mildly antiseptic properties ease the recuperative process and lessen danger of contagion.

For over thirty years, Pineoleum has held high professional preferment. Its efficacy derives from its classic formula of camphor, menthol, eucalyptus, pine needle oil, and oil of cassia in a liquid petrolatum base. Or with Ephedrine, it affords an added positive vasoconstrictor action.

Have you personally tested Pineoleum recently?

Write Now for Free Professional Samples

THE PINEOLEUM CO., 8 BRIDGE STREET, NEW YORK, N. Y.

# PINEOLEUM

PLAIN OR WITH EPHEDRINE

PASSIVITY - PURGATION - PINEOLEUM



**When  
RHEUMATIC PAIN  
just won't be  
ignored...**



In **TOLYSIN** and **TOLYSIN PLUS PHENACETIN** we offer two products which may be prescribed for their prompt analgesic action, and which will serve to maintain the patient's full confidence in your continued program of treatment.

Each **TOLYSIN** tablet contains the ethyl ester of 6-methyl-2-phenylquinoline-4-carboxylic acid (neocinchophen U. S. P. XI) grains 5.

Each **TOLYSIN PLUS PHENACETIN** tablet contains **TOLYSIN** grains  $3\frac{1}{2}$  and Phenacetin (acetophenetidin U. S. P. XI) grains  $1\frac{1}{2}$ .

Send for professional samples of **TOLYSIN** and **TOLYSIN PLUS PHENACETIN** with literature.

Pharmaceutical Division

**The CALCO CHEMICAL CO., Inc.**

SOUND BROOK  NEW JERSEY

A Division of American Cyanamid Company

my treatment room. Whenever I have a patient who is hesitant about taking the serum or a parent who objects to his child taking it, I suggest that he read this news item.

After he has finished reading it, I casually say, "I must ask you to sign a release if you insist on not taking the serum," and hand him a printed form to sign.

A few hardy souls stick by their guns. But most of them begin to roll up their sleeve for the shot.

L. H. Fairchild, M.D.  
Carlsbad, Calif.

## POLE?

TO THE EDITORS: In the article on "Philately for Physicians," in your October issue, I find a paragraph: "Turkey—not her native France—was the nation to devote a stamp to Madame Curie." Actually, Madame Curie was a native of Poland. Her maiden name was Marie Skłodowska. She married Pierre Curie, French scientist. I hope you will correct this to do her justice. She herself always pronounced herself a Pole and founded, shortly before her death, the Radium Institute at Warsaw.

E. T. Sokal, M.D.  
Brooklyn, N.Y.

*It is true that Madame Curie was born in Warsaw. But, according to "Encyclopedia Britannica," she "became involved in the students' revolutionary organization and found it advisable to leave Poland." As she migrated to France, the Encyclopedia classifies her and her husband as "French physicists."*—THE EDITORS.

## ELIXIR

TO THE EDITORS: Your November article, "Prescription Hints," contained several points well taken. One of them was about colored capsules, and how patients get to know them. I'd like to add that they also get to

DEC. 4 1938

## **BETTER BORNE MORE EFFECTIVE**



## *In Arthritis*

That, briefly, is the consensus of opinion among physicians who are prescribing the simple, well balanced formula,

### **Salici-Vess**

In each tablet is presented sodium salicylate  $7\frac{1}{2}$  grs., sodium iodide 1 gr., together with sodium bicarbonate 25 grs. and citric acid 17 grs., providing the effervescent base.

**BUFFERED FOR MINIMUM  
TOXICITY**

New and Non-Official Remedies, in

discussing salicylic acid compounds, comments as follows: "In practice, these compounds are not superior to sodium salicylate, which does not produce direct gastric irritation when properly guarded by a bicarbonate."

Prescribe Salici-Vess for quick, symptomatic relief from pain and muscle spasm, for tolerance even in prolonged use and for acceptability to the palate. Supplied in tubes of 30.

Also available—Aspir-Vess (aspirin with alkali buffers); and Alka-Vess (for safe alkalinization).

Write for samples and literature.

**EFFERVESCENT PRODUCTS, Inc.**  
**ELKHART, INDIANA**

## THE EFFICACY OF BROMIDIA (BATTLE)

Each fluid ounce of Bromidia provides ext. hyoscyamus, 1 gr.; potassium bromide, 91 gr.; and chloral hydrate, 91 gr. Contrary to other sedative agents, Bromidia offers the distinct advantage that the dosage is easily adjusted for the mildest form of sedation or the refreshing sleep of dependable hypnosis relatively free from side effects. Physicians are urged to include the name Battle in their prescriptions to guard against substitution.

ST. LOUIS, MISSOURI

\*

BATTLE & CO.

## for Mild Sedation or Profound Hypnosis

know standard solutions like elixir phenobarbital. One druggist I know found a way out: He now makes this preparation so that its color is green instead of red.

M.D., New Jersey

### PHILOSOPHIC

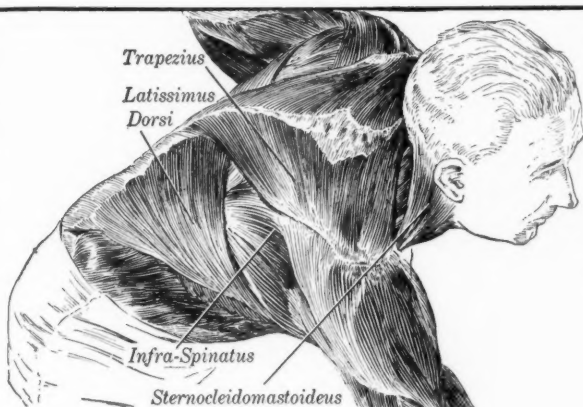
TO THE EDITORS: Why should socialization of this country begin with the medical profession? Medical care is a human need. So is food. The first thing to do is to socialize the grocery stores. On the principle that everybody must eat, the grocery stores must be free to the public—for 3c a day. Then the clothing and shoe stores must fall in line at the same rate of remuneration. Next, the banks and trust companies must be turned over to the C.I.O. to operate for the good of the public.

The legislators would be paid 3c for each bill passed; no more. The President and Cabinet officers would receive 3c a day only. Having fixed the price for the doctors, they must admit that it would be a poor rule that failed to work both ways.

Who is it that desires the socialization of medicine? It is not our patients. I have asked hundreds of them; and they are unanimously opposed to it. The shouters for socialization are merely paid agitators. Their sincerity is gauged by their salary. They could be hired to do the opposite and be equally loud. They have got the doctors and the Government fighting, which is what they have been trying to accomplish for years.

What the United States lacks most today is a group of true philosophers. The lopsided philosophy now riding in the saddle is muddling everything. No progress is being made in Governmental ideas or efficiency. What is called Governmental improvement is merely change from the right side to the left—and none of it is new.

John C. Rommel, M.D.  
Philadelphia, Pa.



## WHEN MUSCLES ACHE...

**SUGGEST ABSORBINE Jr.  
TO YOUR PATIENT**

**O**FTEN patients complain of sore, stiff, aching muscles . . . especially after unaccustomed exercise or unusual exertion.

Recommend Absorbine Jr. as a rub to speed up the blood flow in the deeper vessels of the muscle tissue! Absorbine Jr. helps to accelerate the velocity of blood flow, thus washing away the toxic waste deposits which so often cause the patient's discomfort.

Try out Absorbine Jr. yourself! Write today for a complimentary professional-size bottle of Absorbine Jr. Please use your professional letterhead when writing.

**ABSORBINE Jr.**

**W. F. YOUNG, INC.**

**207 Lyman Street**

**Springfield, Mass.**

# Expectant Mothers

WILL BENEFIT FROM  
ITS "PROTECTIVE"  
FACTORS

**Vitamins A, B<sub>1</sub>, D, G;  
Calcium, Phosphorus, Iron;  
excellent Proteins...  
Other advantages, too!**

**A**N important phase of the physician's service to the expectant or nursing mother pertains to the subject of diet. The successful management of diet during this period is often a difficult task.

For example, the patient may not like the taste of plain milk. She may be negligent in her inclusion of the protective foods in the diet. She may have difficulty in digesting certain foods she should eat.

For these reasons, many physicians are recommending Ovaltine during the period of pregnancy and lactation.

## **Extremely Easy to Digest**

Ovaltine is very easy to digest. It makes milk more digestible, too—by reducing its curd



tension. And it adds greatly to the nourishment of milk.

For example, Ovaltine is rich in carbohydrates which enter the blood stream almost at once. It contains excellent quality of proteins. In addition, it contains a variety of vitamins and minerals important to good health, including Vitamins A, B<sub>1</sub>, D, and G and Calcium, Phosphorus and Iron. This combination of vitamins and minerals gives

# Ovaltine

Ovaltine  
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By inc  
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the moth  
a better

Ovaltine

ALSO



OVALTINE is very easy to digest. It makes milk more digestible. It helps digest starches . . . It supplies excellent proteins, carbohydrates . . . It contains a variety of "protective" factors, including Vitamins A, B<sub>1</sub>, D and G, Calcium, Phosphorus and Iron . . . *Why not include Ovaltine regularly in the diet of expectant and nursing mothers?*

Ovaltine special value during pregnancy and the nursing period.

By including Ovaltine in the diet of the expectant or nursing mother you are helping to safeguard the mother's health . . . and through the mother you are helping to give the baby a better start in life.

#### **Other Important Uses**

Ovaltine is of value in the diet not only of

expectant and nursing mothers, but of convalescents, invalids, elderly people and growing children . . . and others requiring special nourishment.

When taken as a "nightcap" it is of value in promoting sound, restful sleep without the use of sleep drugs.

*Why not recommend this valuable protective food regularly in your practice—as thousands of physicians everywhere are doing?*

**ALSO FOR CONVALESCENTS, ELDERLY PEOPLE, CHILDREN  
AND OTHERS REQUIRING SPECIAL NOURISHMENT**

# In Head Cold Weather



Each tube is packed with amphetamine, S.K.F., 0.325 Gm.; oil of lavender, 0.097 Gm.; menthol, 0.032 Gm. 'Benzedrine' is S.K.F.'s trademark, Reg. U. S. Pat. Off., for their nasal inhaler and for their brand of amphetamine. Amphetamine was formerly known as benzyl methyl carbinamine, Pat. Nos. 1879003, 1921424 and 2015408.

'Benzedrine Inhaler' is particularly valuable when used at the onset of a head cold.

It improves respiratory ventilation promptly, thus helping to re-establish normal breathing.

It also assists in maintaining drainage of the nasal accessory sinuses—an important factor in preventing acute attacks from becoming chronic.

The early use of 'Benzedrine Inhaler' is especially indicated for your patients who catch cold easily.

## BENZEDRINE INHALER

A VOLATILE  
VASOCONSTRICTOR



SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.  
ESTABLISHED 1841



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# A NEW WAY TO HELP BABY OVER HIS "First-taste" Period THE CRITICAL STAGE IN FEEDING



Stokely's patented "commi-nuting" process preserves nat-ural flavor... helps guard against "fussy eating" habits!

Pediatricians say a child's *first taste* of solid foods is a very critical period. If un-pleasant, because of improperly prepared or badly flavored foods, "fussy eating" habits may develop. Stokely's Baby Foods help make this first experience pleasant. They're packed with the *natu-ral*, delicious flavor of selected, garden-fresh vegetables.

In Stokely's patented "COMMINUT-ING" process, each vegetable instead of being forced or mashed through sieves, is "COMMINUTED," or microscopically

cut to a smooth, uni-form texture. "COM-MINUTING" retains the nourishing por-tions of the vegetable and its valuable vita-mins and mineral salts. But equally im-

portant to "first taste" reactions, "COM-MINUTING" preserves to an amazing degree the natural color, and appetiz-ing, garden-fresh flavor of the specially grown Stokely vegetables and fruits.

Discover Stokely's appetizing, *natu-ral* flavor for yourself. When you do, you'll readily see why Stokely's are the Baby Foods babies really *like* to eat.

Spinach • Carrots • Peas • Tomatoes  
Green Beans • Apricots • Applesauce  
Vegetable Soup • Beef Broth • Liver Soup  
Cereal • Unstrained Vegetable Soup



## Stokely's BABY FOODS

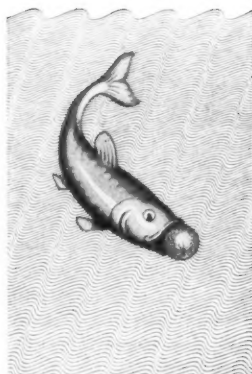
Have you tasted

# VI-DELTA EMULSION

*Lederle*



[VITAMINS A AND D]



**VI-DELTA**

*Lederle*

VITAMINS A AND D

THERE are lots of good fish in the sea with livers full of Vitamins A and D. Codfish livers are good and the supply is abundant. *but* their nauseous taste disputes all counter-flavorings and bursts irrepressibly through all processing. Now, however, a new Norwegian process combined with livers from other fish has produced a really tasteless digestible concentrate of fish liver oils which can be blended to any desired combination of Vitamins A and D potency including concentrates of astonishingly high potencies per gram.

Lederle enjoys—'enjoys' is correct—certain exclusive rights to this new tasteless concentrate for the United States and Canada and the product is issued in three forms:

"VI-DELTA EMULSION *Lederle*" 8 or 16 oz. bottles—an orange-flavored malt syrup that has no remotest trace of medicine taste, the fish-oil concentrate being tasteless to begin with. Neither does it cause the flatulence and eructations characteristic of cod liver oil compounds. Children will take it as readily as maple syrup and ask for more. Potency per teaspoonful (4 cc.): Vitamin A, 3,200 units; Vitamin D, 400 units.

"VI-DELTA CONCENTRATE, CAPSULES *Lederle*"—each capsule contains 15,000 units Vitamin A and 1,870 units Vitamin D.

"VI-DELTA LIQUID CONCENTRATE *Lederle*" in dropper bottles for treatment or prophylaxis of rickets in infants. Five drops contain 0,500 units Vitamin A and 1,200 units Vitamin D. The tastelessness counts again—it "stays down". (Above "units" are U.S.P. XI.)

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# SIDELIGHTS

DEC. 1938

We have long harbored the belief that "free choice" of physician means the right of the patient to choose any doctor he pleases. We still think so—even though various "cooperatives" continue to ballyhoo the "free choice" their members enjoy, without mentioning that it is limited to their own panel.

Naturally, if a panel contains over 75% of the doctors in a community, the selection may be defined as reasonably "free." But if—as is usual—it consists of but a fraction of the local profession, then the choice is, to our mind, about as free as the air in a concentration camp.

In any event, the term "free choice" is being misused unmercifully. Physicians who see references to it will do well to think twice before taking them at their face value.



Generally speaking, it is inadvisable to mention prices when prescribing. But there is an important exception. That's when the cost of a drug is unusually high. If, for instance, you order mandelic acid without warning the patient of its price, he may be shocked when the druggist demands a day's pay for a small bottle.

Inwardly—or vociferously—he is likely to accuse the pharmacist and you of over-charging him. He may refuse the needed medication. Or his indignation may be such that (forgetting the added cost) he will seek another doctor.

Of course, this is no argument for using cheap substitutes. If a patient requires a costly remedy, by all means prescribe it. But break the bad news when you hand him the prescription. This gives you a chance

to point out how the advantages of the particular medication amply justify prescribing it.

Remember, also, not to risk ordering too much of the drug. When half the bottle remains at the end of



a convalescence, it won't be thrown away and forgotten. Not at \$5 a bottle it won't! Instead, it will be stored carefully in the family medicine cabinet. There it will remain—perhaps for many months—a constant reminder of the doctor's extravagance in prescribing more than was necessary.



W.P.A. Administrator Harry Hopkins recently insisted that the New Deal does not coerce relief recipients into voting its way. It appears now from an American Institute of Public Opinion survey that such coercion is hardly necessary. The relievers fully understand their part of the bargain. In return for being supported, 82% of them support the New Deal. A majority say they would vote for "every measure recommended by President Roosevelt."

Over 3,000,000 persons are on the

W.P.A. rolls. Another million or two receive relief. Each one of these is apt to be not only a voter but also a lively political campaigner. Members of their families, friends, and others will be pressed into the cause. An army of balloting robots, adept



at pulling voting-machine handles, will be mustered for the decisive moment when chieftains sound the cry, "We want compulsory health insurance!"



It had been a hard day at the office. Especially since most of our patients had been the type from whom we could expect no compensation. Wearily, we dropped into a chair beside the radio.

We tuned in on a medical sketch entitled "The Fight Against Death." The announcer described it as a "real life" story, based on "statistical findings." We settled back to enjoy it.

At the opening lines, we sat bolt upright. What followed made us wonder how radio officials could permit the broadcasting of such misrepresentation. The story purported to be that of "an average fellow" who got sick. He had "had every doctor in the county." But they all made mistaken diagnoses (*we* couldn't believe it, either, until we read it in the published script). After riding in a hearse (that's correct) to the nearest "cancer hospital" 300 miles

away, he was told he had cancer, not liver trouble. Had he come to the "cancer hospital" two years before, instead of consulting private practitioners, he would have been cured. As it was, he was doomed.

The play concluded with this advice: "Jim [the patient] need not have died had there been in his state a cancer center where he might have gone for *good* care." The implication is obvious: The private practitioner does not supply good care.

This is merely one example of the way the campaign against private medicine is being sent out through the nation's loudspeakers. After checking programs recently, the Medical Society of the State of New York reports that, with few exceptions, radio is boosting propaganda for Federal medicine. And there's good reason. The Federal Government distributes station licenses and allocates wave-lengths. It pays to "play ball" with an administration that may assign a station to a "band" where nothing comes in but static.

Nor has the Federal Government been slow to use its power. A glaring example is the case of Representative Martin Dies, of Texas. Dies, an anti-New Dealer, was to speak over the air. Suddenly, he found that many stations scheduled to carry his address had mysteriously cancelled it. It was disclosed that the Democratic National Committee press agent and the President's secretary had brought pressure upon the central station. Its manager had been "requested" to follow the talk with another assailing Dies; he had been warned not to mention the Administration's interest in the incident. But he did mention it. Faced by a subpoena that would have made him repeat his denials under oath, he blamed the interference on Charles Michelson, publicity director of the Democratic National Committee. Michelson admitted it. "Certainly I

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arranged it," said he. "It is part of my job."

Apparently, it is part of this Administration's job not only to discredit minorities who might stand in its path, but also to force unwilling third parties to assist in stirring the political porridge.



Invariably, sponsors of Federal medicine agree—without going into it too deeply—that health insurance, to be successful, must be made compulsory. Just as inevitably, they fail to give any good reason why.

After all, if the demand for health insurance comes from "the people," as is maintained, why should not the people take it to their bosom? If it has one-tenth the virtues its adherents claim, why should it have to be jammed down the throats of its "beneficiaries" with a legal bayonet?



A number of medical societies have turned to interviewing Congressional candidates, the idea being to obtain an index of legislative leanings toward Federal medicine. As a pastime, this may rate with lotto or bean-bag. As a guide to how Congress will vote this Winter, it's about as accurate as a compass in a strong magnetic field.

Doubters are referred to the Medical Society of New Jersey's poll of budding Senators and Representatives. Among other things, the would-be legislators were asked five simple questions concerning their attitude on Federal health insurance.

Twenty-two replied, many of them resorting—as might have been expected—to shadowy generalities and meaningless clichés.

One legislator ducked the issue by asserting that it should be "treated objectively"; another, that "you must

rely on my good sense." A third was "willing at all times to discuss matters of interest." A fourth was "certain that our views will never be greatly divergent." A fifth did not favor the "centralization of any service"—except where needed! A sixth conceded the profession a "qualified voice" in medical problems. A seventh bowed out by requesting more time "in the light of the deep importance and broad scope of the questions."

All of which added up to just so much froth.

The only men queried who answered the five questions directly were those whose opposition to socialization in general is well known. The others beat around the bush with uniform nimbleness, spouting all the old phrases that clutter the pigeonholes of the average politician's cranium.

The danger of such weasel words is that they may be taken by the hasty reader at their *seeming* value. Any possible meaning is carefully concealed between the lines.

Moral: Our medical societies might well replace the present form of their inquiries with a yes-and-no



questionnaire in which flat statements would be demanded. Few politicians, perhaps, would risk coming out in the open by answering such a quiz. But the answers of those who did would certainly be more reliable and more revealing.



Lambert

## "HEALTH and ACCIDENT"

*Life insurance isn't enough. What would your family do if you were disabled?*

Accident and health insurance may do three things for the policyholder:

1. It may indemnify him for the loss of sight or limbs.
2. It may provide an income to replace income lost through sickness or injury.
3. It may pay part or all of his medical expenses.

Such insurance is vitally necessary for the average doctor. He is continually exposed to the risk of infection, a danger often intensified by strain and long hours. And because of emergencies, he must frequently take risks in driving that most men can avoid.

If the physician becomes disabled, his situation is much more serious than that of the average salaried man. For the doctor, disability usually means complete loss

of income during the time he is unable to perform his professional duties. A prolonged period of disability may mean that part of his practice will be lost; and it will no doubt delay the collection of fees owed him by patients he can no longer serve.

Accident and health insurance is therefore as necessary for the medical man as is life insurance. In fact, if he does not carry an accident and health policy, the loss of income caused by protracted sickness or injury may force him to surrender his life insurance.

Accident and health practice differs from life insurance in many ways.

For example:

A medical examination is not ordinarily required. There are no cash values. Premiums are usually

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Possibly the greatest difference between the two types of insurance is that disability—unlike death—is not a sharply defined condition. The extent of disability, or even its existence, may be difficult to prove. This circumstance has forced the accident and health companies to adopt rigorous rules for the issuance of policies and the payment of benefits.

Disability may follow from any one or more of countless causes, and may exist in many forms. Therefore, it is not surprising that many different types of accident and health contracts have been issued. This great variation in policy forms adds to the doctor's difficulty in selecting the one which will provide for his needs at lowest cost.

#### ACCIDENT INSURANCE

The simplest form of accident insurance is "death and dismemberment" coverage. This provides cash benefits to the policyholder if he dies or suffers certain specified disabilities because of an accident. Some specific indemnities provided by a representative policy are as follows:

Accidental death . . . . .	\$5,000
Loss of both hands . . . . .	5,000
Loss of sight . . . . .	5,000
Loss of one hand or foot . . .	2,500
Loss of sight of one eye . . .	1,667
Loss of thumb and index finger of either hand . . .	1,250

If the doctor carries enough life insurance, a special death benefit for accidents only is, of course, unnecessary. Therefore, accidental death benefits should be the minimum allowable, in order to reduce

the cost of the insurance.

The chief benefit of accident coverage is, of course, the income it provides while the physician is disabled and cannot practice. It is wise, therefore, to select a policy that pays regardless of the nature of the disability and during all or a large part of the period of disability.

Even though not totally disabled, the policyholder may sometimes be injured to such an extent that he cannot perform all his duties; and his income may correspondingly decline. Therefore, many accident policies also pay during partial disability, although the income is usually small and is limited to a short period.

During disability, some accident policies provide medical benefits as well as income. The most common medical benefits include payment for hospitalization, for nursing care, and for surgery.

Medical benefits are desirable because disability, in addition to reducing earning power, causes expense for medical care. However, the medical benefits are usually subsidiary to the disability income. If the policyholder desires adequate insurance against medical expenses (disregarding reciprocal service from one's colleagues), it will usually be advisable to supplement the disability policy with a medical reimbursement contract.

#### HEALTH CONTRACTS

The spectacular nature of automobile and other accidents is one reason why many men carry accident insurance but not health insurance. Yet disease causes quite as much disability as accidents. The physician who needs income

while disabled by accidental injuries will also need income while disabled by sickness.

Health policies are similar to accident contracts in that the major benefit provided is the disability income. Policyholders also get reimbursement for medical expense. Health policies do not usually include death benefits or bene-

fits for special disabilities.

Health insurance was developed after accident insurance and has frequently been unprofitable to the companies issuing it. For this reason, health policy benefits are usually less favorable than those offered by accident policies. Moreover, most insurance companies will issue health insurance only if the policyholder also carries accident insurance with the company.

As far as possible, the insurance should provide the same disability income for sickness as for injury. If disabled, the physician's needs are the same, regardless of the cause of the disability. Furthermore, as all doctors realize, it is sometimes difficult to determine whether a disability has actually resulted from an accident or from some illness.

## Dieters prefer celluloid

In the gay nineties, the smart doctor wore celluloid collars. Today he makes friends of his dieting patients by presenting them with celluloid diet charts.

These charts are tough and flexible. They neither soil nor tear. They last indefinitely. And they eliminate annoying requests for duplicate instructions.

Measuring only 3 $\frac{3}{4}$ " x 2 $\frac{3}{8}$ "—about the size of a playing-card—they fit easily into purse or wallet, and may be carried anywhere. In print that won't wash or wear off, both permitted and forbidden foods are listed, plus suggestions to stimulate the jaded appetite.

Each card is enclosed in an individual envelope. On its face is a custom-printed facsimile of your professional card, giving your name, address, and phone number. On the reverse side is space for the patient's name, the date, and memoranda.

A New York firm offers 33 diets thus charted. Each has been worked out by a leading dietician and checked by practicing physicians. Conditions for which celluloid diet cards are printed include acne, anemia, asthma, epilepsy, gonorrhea, heart disease, nephritis, pneumonia, rheumatism, etc.

## MEDICAL CARE POLICIES

The policies mentioned so far emphasize cash benefits and disability income. The medical benefits are usually subsidiary. However, the expense of medical care may be an important financial hazard.

In that event, the purchase of medical reimbursement insurance may be highly desirable. This can be had either as a separate policy or as a rider to one's accident and health contract. It pays surgeons' fees, hospital charges, and nursing costs up to the limits specified in the policy.

*[Subsequent articles on accident and health insurance will discuss the selection of a suitable policy, common exclusions and restrictions, plus the more vital do's and don't's for the buyer to keep in mind.—THE EDITORS]*



## Every day is Christmas



*"Perhaps I should wear this when I call on some of my patients.  
They think I'm Santa Claus ALL the time."*

# So you can't find time to read!



Korth, Black Star

*Here is a plan that  
should help you catch up  
on your professional reading*

How often do you find colleagues talking about recent medical advances that you haven't even heard of? I used to have that trouble, and would try to hide behind the old excuse of "not having time to read."

The excuse didn't work. The fact is that the busiest practitioners *do* find time for medical journals and occasional new scientific volumes.

How do they do it?

Embarrassed by my own difficulty in keeping pace with medical progress, I analyzed the problem.

Under my old routine, I stacked favorite journals on the shelf; months went by before I got around to them. And when I did, I couldn't seem to squeeze anything useful out of most of the material I read.

So I built a new schedule. A practical reading plan now keeps me alive to the new things in medicine, without slicing time from professional duties.

Experience soon showed me that evening is the best time for reading. If I planned to read a periodical from 9 to 10 P.M.—I did. But when I tried to read from 9 to 10 in the morning, I usually didn't—and when I *was* able to, articles became strangely incomprehensible. Maybe it was because of the sunlight, or the screaming telephone bell; or maybe it was the sense of tension that pervades every practitioner's morning. Just why this is true, I leave to the psychiatrists. But I do know that evening is the most profitable time to get reading results.

I assigned Mondays, Wednesdays, and Thursdays to reading duty. On those evenings I refused social appointments. Friends soon caught on, and planned engagements accordingly. Then—apart from professional interruptions—the road was clear.

At first, I slipped into an easy chair immediately after dinner and started to read. That was a mistake; in fact, it was two mistakes. The chair was too comfortable, and the stomach too full. Now I know better. I spend the first hour after eating in listening to the radio, talking—anything completely relaxing. Not until 9 o'clock do I start reading in earnest.

A desk chair is best. It's com-

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fortable enough, and promotes a feeling of earnest attentiveness. I keep it near the desk, so as to have space for books and notes.

My next discovery was the value of temporarily putting the reading aside after finishing it. This allows time for thoughts to settle, and prevents fatigue. I sit back and review the subject, thinking of cases of my own that might corroborate or challenge the author's findings; or of patients who might profit by suggested treatments. If I haven't already done so, I jot down a few notes, and then return to the periodical for the next article.

To assimilate the material, I resort to two tricks. One is a flexible system for taking notes. Sometimes I just underline significant statements; sometimes I outline the thought on cards kept handy for that purpose. On other occasions I go to my most-used textbooks and summarize the added findings on the appropriate page margins. I have even pulled out a patient's file and noted a reminder to try the proposed procedure at his next visit.

The second trick consists of associating my knowledge directly with what I read—as I go along. This is the really big determinant of the reading's usefulness. It's hard to explain; perhaps an example will help.

I'm reading an article on thyroid tumor. Printed on the page before me are the following words:

The picture of a large, firm, nodular mass in the neck with extension into regional lymph nodes, loss of weight, and tracheal obstruction, represents the end stages of thyroid carcinoma. Firm nodules in the gland, or a history of rapidly growing discrete

tumors, is suggestive of malignancy; yet differential diagnosis from adenoma with recent hemorrhage is difficult. Only the early removal of all discrete tumors, and examination of the removed tissue by a pathologist with wide experience in thyroid disease, will make early diagnosis—and therefore early treatment—possible.

Before I reformed, I would have read that rapidly. Most of it would have been blurred and easily forgotten. Just words—something about thyroid tumors. Today, however, as I read it, I automatically "associate" as I go along. My thinking runs something like this:

*Firm nodular mass*—that Jones boy had a doughy sort of mass. Certainly not firm, though. So that's out.

*Extension into regional lymph nodes*—mustn't forget to look that up. What would be the regional lymph nodes for the thyroid?

*Rapidly growing discrete tumors*—now how can you tell that the nodules are really discrete? After all, they might run together 'way under the skin. Must look for that in the Anderson case.

*Adenoma with recent hemorrhage*. Why should bleeding make the mass feel firm? Calcification, probably. That would take a while, though. Good point to remember.

By associating thoughts in this way, the material is not only absorbed by the eye; it's digested by the mind. It sticks. Proof? Well, aren't the points quoted above much easier to remember right now than when you first read the source paragraph?

The caravan of medicine moves pretty rapidly these days. It's hard to keep up, unless you're willing

to construct a "reading technique." Evening hours, a definite schedule, frequent interruptions for review and relaxation, a chair that's comfortable (but not too comfortable!), flexible methods for recording informal notes, and a deliberate effort to make associations—these are some of the elements needed to keep you in the swim. Sounds simple, doesn't it?

It is. —JAMES VAUGHAN, M.D.

## Hospital insurance hits new high

By Christmas time this year, more than 2½ million people will have enrolled in voluntary, non-profit hospital care insurance plans, bringing with them, in many cases, their dependents. Within four years, authorities predict, membership in such plans will have risen to more than 10,000,000.

New York's Associated Hospital Service alone has a million subscribers and 300 participating hospitals. So far, it has paid for more than 100,000 hospitalized cases.

From the beginning, the American Hospital Association has had a guiding hand in the development of hospital care insurance. It has continuously emphasized standards of hospital-responsibility and non-profit direction and control; and, during the past twelve months, it has set up further standards and a program under which plans that meet these standards receive formal certificates of approval. Fifty plans, with a membership close to 2½ million, have already been ap-

proved as meeting the following basic requirements:

(1) Adequate representation of hospitals, medical profession, and public; (2) non-profit sponsorship and control; (3) free choice of hospitals; (4) assumption by member hospitals of direct responsibility for providing services to subscribers rather than cash payments; (5) adequate working capital, financial reports, accounting procedures, and administrative policies.

In its effort to coordinate hospital-care insurance, the A.H.A. has created a Council on Hospital Care Insurance to assist the Committee on Hospital Service. The latter group will administer the approval program and advise on the formation of new plans; the former will assist going organizations in matters such as accounting, insurance regulations, publicity, and enrollment.

None of these plans has yet failed in its obligation to either hospitals or subscribers, A.H.A. officials declare. The Committee on Hospital Service says that a recently-conducted study places total premiums at \$15,000,000 a year. Of this, approximately 70% goes for benefits, 18% for administration and promotion, and 12% for accumulation of reserves. Where plans have had three or more years' experience, administrative and promotion costs drop to between 11% and 15%.

Private insurance companies, showing increased interest in this kind of insurance, have not thus far been able to match the benefits per dollar offered by non-profit organizations.

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# The F. S. A. adopts a half million patients

*Medical-care agreements consummated  
in eighteen states already*

The Farm Security Administration, lending agency for rural-rehabilitation, is now doing a land-office business in the medical field. With the recent annexation of 20,000 farm families in South Dakota, the F.S.A. has now become father to Federal health insurance plans covering 135,000 families—over 550,000 persons\*—in eighteen states. And, according to administration officials, still further expansion waits only upon the availability of U.S. Treasury funds.

Shortly after it was inducted into the ranks of the Federal alphabet bureaus, the F.S.A. began experimenting with medical care plans for its economic wards, the low-income farm families. In many Southern counties these families were organized into small "health associations" and staked to medical care with funds loaned by the Government. County-wide projects are now operating in Arkansas, Missouri, Mississippi, Texas, Alabama, Georgia, Ohio, Tennessee, Indiana, Oklahoma, and Iowa. Expected to join the list in the near future are various districts of North Carolina, Wisconsin, Utah, New Mexico, Virginia, and Louisiana, where temporary agreements have already been reached.

Most significant, however, is the

mass addition of families in South Dakota, under agreements which went into effect November 1. There, as in North Dakota, California, and Arizona, plans are organized on a state-wide basis, in answer to what are described by F.S.A. officials as "emergency" conditions. They owe their sudden inception to the efforts of Drs. W. W. Alexander and R. C. Williams, administrator and medical adviser, respectively, of the F.S.A. From the experience gained in smaller county "laboratory" projects, these men drew up a program and "sold" it to the state medical societies of the Dakotas, in the face of early opposition from the American Medical Association.

In establishing an F.S.A. health project, the usual procedure is as follows:

Meetings are held among the families, the initiative being taken by F.S.A. officials. Then, when the potential borrowers signify their willingness to participate, the F.S.A. goes to work on the medical societies. Written agreements are drawn up and signed by officers of the medical and F.S.A. bodies. To F.S.A. borrowers, these agreements provide medical care; to physicians, they assure some degree of compensation.

The Government-financed fami-

\*Average U.S. family equals 4.3 persons.

lies pay, into a common fund, amounts varying from \$20 to \$30 a year. Out of this, doctors, dentists, hospitals, and druggists are compensated. A family is free to choose any physician, *provided he is one of those cooperating with the plan.*

As for the physicians themselves,

all bills being reduced in equal ratio. However, should a balance remain after all bills have been settled, it is not always used to make up previous underpayments to the doctors; instead, it may be carried over on the books.

An alternate plan provides that funds be kept in separate accounts

Acme



*W.W. Alexander (center), Farm Security Administrator, fraternizing with Rexford Tugwell and Henry Wallace.*

they usually receive payment on the basis of a prearranged fee schedule, *provided their total bills do not exceed the monthly allotments.* Their schedule is scaled down one third to one half from average rates.

Monthly allotments for physicians' services are determined only after funds have been set aside for hospitalization, surgery, and emergency needs. Against these allotments physicians submit monthly statements to a special auditing committee appointed by the local medical association.

If bills exceed the amount available, the allotment is prorated among the claiming practitioners,

for each family. The physician chosen by the family agrees to provide all necessary medical care during a specified period for a fixed sum. But, here again, he may be the cooperative's economic shock-absorber; for, if his bill is *less* than the sum provided, the balance may have to be returned.

F.S.A. officials say they have encouraged borrowers to join the medical cooperatives, but have not forced them to join. "Encouragement," has taken the shape of loans paid directly to growing numbers of borrowers to enable them to participate.

These loans average about \$2 a month per family. The actual funds

are placed in the hands of a special corporation in each state. The North Dakota unit is known as the North Dakota Farmers' Mutual Aid Corporation, and is composed of one member of the state medical association, the executive secretary of the State Board of Public Health, and three F.S.A. employees. Funds are allocated thus: 51% for physicians, 37% for hospitals, 8% for dentists, and 4% for drugs and supplies.

In order to participate, a family must have previously received aid from the F.S.A., and must sign up for six months. Membership entitles the family to medical care from any doctor on the list of those cooperating. In the Dakotas, over 1,000 physicians are already on the panel.

Bills for services are paid by the corporation; and, as with county projects, funds are prorated if they are inadequate. In each state, an officer is nominated by the professional organizations—but paid by the State Health Department—to act as general supervisor and auditor, checking bills and attempting to curb abuses.

The "emergency" which led to the establishment of the California plan, according to F.S.A. officials was the influx of drought refugees and other transients. The migrants, ineligible for medical attention under laws requiring one year's residence, are being brought into the group health program as rapidly as possible. The Agricultural Workers' Health and Medical Association—the corporation set up by the F.S.A. to administer the California plan—includes in its powers the right to borrow money from the F.S.A., act as agent for

members, become a stockholder in any corporation, acquire real or personal property, establish reserves, levy assessments on members, and perform "any other act necessary to carry out its purposes."

For an insight into another of the F.S.A.'s medical projects, let's look at the Coffee County (Ala.) Health Association. There, as elsewhere, the unit is composed entirely of F.S.A. borrowers and their families. Doctors' bills are approved, books are kept, and accounts are paid by an F.S.A. bookkeeper.

As soon as the F.S.A. health project went into effect in Coffee County, the local medical society reported a sharp rise in the number of calls for medical care. This volume has subsided somewhat, though there is still a marked increase over previous demands. No families have been dropped from membership, however, for abuse of privileges.

These reactions have accompanied the establishment of F.S.A. plans everywhere. Administration officials, in explanation, declare that many new family members make a point of demanding some medical attention at once—for the novelty of seeing if the plan really works.

This demand is said to taper off as soon as it is evidenced that care is really forthcoming; though F.S.A. spokesmen admit there have been a number of cases of continued abuse.

Borrowers under the F.S.A. are participating in the health projects almost 100%. In fact, their enthusiasm has even touched other low-income groups, who are now

seeking to be included under the plan also.

The fact that these medical co-ops can enlist the membership of *any* low-income family is obviously significant to physicians. So far, the only check on this opportunity for unlimited expansion has been the proviso that the medical associations first approve. However, doubt has been expressed that those medical societies already linked with F.S.A. cooperatives could—or would—resist a further pressure in this new direction.

Physicians serving the health associations are said by F.S.A. officials to be pleased with the work.

## Advance fees keep patients coming

A patient who is to receive a lengthy series of treatments often tends, after a while, to become negligent in keeping her appointments. Frequently, too, when the time comes for her next visit, she does not have the necessary fee handy. This causes her either to break her appointment or to run up an account.

To obviate this in my own practice, I often take preventive steps in the beginning. I explain that in cases which call for extended treatment, payment for each visit is required in advance. This is done, I point out, in the patient's own interest, so as to insure continuity of treatments.

In the time I have used it, this plan has worked wonders. I now have little difficulty in keeping control over long-drawn-out cases.

—M.D., New York.

This, they point out, is because doctors are assured a small, steady income for attending families which they have previously treated gratis.

Many physicians counter by declaring that acceptance of F.S.A. plans by medical societies does not signify that these societies are satisfied with, or endorse, the plans; but, rather, that the plans have been tolerated in those areas where they appear to offer a solution that's better than nothing.

Families receiving aid from the F.S.A. comprise a group already certified (by local citizens) as being needy. Moreover, Federal payment of the medical bills of indigents is an approved principle of the A.M.A. It was these considerations—together with the fact that no doctor is forced into the F.S.A. panels, and that some free choice of physician is maintained—which account largely for the decision of the Dakota societies to participate in the plans.

Opponents of F.S.A. medical cooperatives charge:

That participating borrowers think of their group medical care as "free," thus increasing the danger of dependency on the Government and inviting other low-income groups to seek "free" care also.

That these plans encourage a system of care under which professional standards are lowered, with consequent harm to the patient.

That the 550,000 participants are an incentive to the Government to experiment further, and a vote-laden encouragement to the bolder aim of compulsory Federal health insurance.

—JOHN PHILIP HOLLANDER

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## Our political line-up

Your grandfather may have been a Democrat. Or he may have been a Republican. Either way, it was not likely to affect his practice. In those days political adherence was dictated largely by personal preference. Economic necessity had little to do with it.

Now it's different.

Federal health insurance has become a top-ranking national issue. It has been made so by the present Administration, whether we like it or not.

Obviously, we don't like it. We should prefer to keep medicine where it belongs—out of politics. But let us face facts:

Medicine is in politics. Hence, any move to save it must be political.

We cannot do it by pleading. We have tried. And with what results?

Our pleas have been ignored. We have been made the victims of an "anti-trust" probe. Our entire profession has been tried like a criminal.

No; we cannot act alone.

The National Health Conference

showed that. Our representatives were lost in the shuffle of minorities organized against us.

How, then, may we meet the situation? One way, it begins to appear, is through *political* organization.

If organized politically, medicine could command, as a nucleus, at least 130,000 votes. To these might be added the votes of our wives, grown children, and relatives; as well as many votes among organized dentistry, nursing, pharmacy, and our patients.

At the recent Illinois Republican State Convention, this resolution was passed:

"The Republican Party believes that medicine should be protected as an independent force for human good, free from political domination or control. . . We pledge protection to a free and independent profession."

To us, this looks like an invitation. We believe it should receive serious consideration. It suggests that the A.M.A. might well negotiate with the Republican National Committee as well as with the President's Technical Committee.

Such a step may be a departure from the political tradition of our grandfathers. But it is a common-sense approach to today's biggest medical-economic problem.

*H. Sheridan Baker*

# Streamline your examinations!

*Maximum efficiency is insured by reconciling the office layout with the examining routine*

BY ROGER FULMER LAPHAM, M.D.

I was once employed as a medical examiner. My routine included the taking of a short-form history and a complete physical examination, including nose, throat, vision, and hearing. Each examination had to be completed and recorded on a long form within half an hour.

At first, this seemed impossible. But I soon found that an average examination could be completed and recorded in twenty minutes.

This was possible solely because of one thing: The examining room was efficiently planned and furnished for the purpose.

Proficiency in the examining room demands that the physician adhere to some organized, step-by-step method. Nor need this be especially difficult; for all procedures in the examination fall naturally into three groups, according to whether they require a sitting, standing, or reclining position. If the examining room is planned and furnished to correspond to this grouping, the room will automatically "fit" the routine.

Take the *standing* procedures first: As I conduct the patient from my consultation office into the examining room, I ask him to pause for a moment on the threshold. There his eyes are tested. If he does not wear glasses, this takes

less than a minute. In order that there may be sufficient distance between the patient and the visual chart, the latter is hung on the wall of the bathroom which opens off the far side of the examining room (see floor plan).

A step or two then brings the patient to the scales, where he is weighed with his clothes on (thus, in the course of future visits, the patient's comparative weight can be taken without any need of his stripping). As the physician manipulates the weights, it is obviously easy for him to note the patient's height at the same time. A height-and-weight chart hangs on the wall for ready reference.

The other standing procedures follow immediately. These include, of course, the Romberg test, coordination tests, and inspection of posture and gait.

Next come the *sitting* procedures: eye, ear, nose, and throat examination; palpation of neck; blood-pressure; and pulse.

More equipment is required for this group; so a whole side of the room has been devoted to it. In the space between the two tables (see floor plan) are two stools—one for the patient and one for the examiner.

The physician works from right to left. On the table at his right

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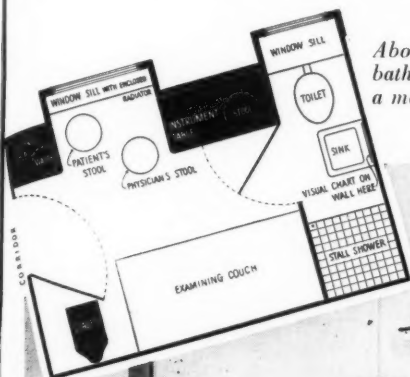
are the various instruments he needs, such as head-mirror, tongue-blades, nasal and aural specula, ear forceps, sphygmomanometer, gauze, blood-count outfit, and syringes and tubes for taking Wassermanns and blood chemistries.

The smaller table to the examiner's left bears two pus basins for used instruments. Underneath it is a waste-receiver whose cover lifts by a foot-treadle. The entire arrangement is compact enough so that the doctor may select his instruments from the right-hand table, use them in sequence, then

discard them to the left—all without rising from his stool.

The third, and final, group of procedures is done with the patient *reclining*. Here I find a simple day-bed most adequate. The only novel feature of the one I use is that it is mounted on rubber-tired wheels. This is especially handy in a small office since it enables the bed to be wheeled out from the wall, thus permitting the examiner to approach the patient from any side. The wheels also serve to raise the bed to a convenient height.

One of my colleagues uses a day-



*About nine feet square (excluding bathroom), this examining room is a model of efficient planning.*



bed of this kind upholstered in white leatherette, which he says is both serviceable and inexpensive. I find in my own practice, however, that an equally satisfactory result can be obtained by carefully draping the bed with sheets.

Sheets also make excellent covers for reclining patients. By covering the chest with one sheet and the abdomen and lower extremi-

ties with a second, any part of the body may be examined without causing embarrassment. For the average-sized patient, ordinary crib sheets serve this purpose very well, and are easier to handle than large ones.

The day-bed is only a few steps from the bathroom, which is used also as a dressing room. There, after the examination, the patient goes to put his clothes on again. He is asked to leave a urine sample in a jar which he will find in the corner.

An efficient, time-conserving examination is possible only if each group of procedures is finished completely before starting the next. Should this prove difficult, the arrangement of equipment may be responsible.

A waste-receiver placed in a far corner, for instance, signifies poor planning. Disposing of waste material should not require skill in marksmanship.

In the examining room, I find, stools are infinitely superior to chairs. They can be moved about more easily and the examiner can turn readily so as to view the patient from any side. When not in use, they may be pushed under a table, thus saving space.

If it is at all possible, the examining room should always have an adjacent bathroom. Sometimes a small closet or other odd space can be fitted with bathroom facilities.

A large, elaborate examining room is by no means necessary. The one shown with this article, while only nine feet square, answers my demands completely. It was adapted from what used to be a maid's room and bath.

## Xmas tokens reveal M.D.'s thoughtfulness

At Christmas time, I have a large tree in my waiting room. Under the tree is a sizable garden, peopled by tiny dolls and traveled by small automobiles, trucks, and airplanes.

After completing my examination of each youngster (my practice consists chiefly of children), I take him into the waiting room and give him one of the toys. Because some mothers are timid about the possibility of their children injuring themselves on metal toys, I always buy the type that are made out of firm (not hard) rubber. Incidentally, moreover, the tree is not erected until Christmas Eve, in order that the child won't see a trimmed tree in the doctor's office until after the arrival of his own.

Although this whole idea is inconsequential in a way, the "toy from the doctor" is nevertheless likely to become a cherished object—as well as a reminder to the parent of the doctor's thoughtfulness.

The financial outlay amounts, of course, to only three or four dollars.—M.D., New Jersey.

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H. Armstrong Roberts

## Planning to build ?

*The owner-architect relation, and what it involves*

Whether you build a home-office, a small office building, or a home makes little difference. Though the design may vary, the relationship between architect, builder, and owner is the same.

In any building there are two important and distinct contracts. The first is between the owner and the architect; the second, between the owner and the builder.

The architect and the builder are responsible to the owner—but in no way, as far as the contracts go, responsible to each other. All direct obligations exist, therefore, between the parties to the contracts. Either party can sue the other for not living up to the terms agreed upon.

Sub-contractors, electricians, plumbers, and roofers have no contract with the owner. Their contracts are solely between themselves and the general contractor (here called the builder).

Sometimes the contract between the client and the architect is verbal. It may even be implied. Where the architect is an old friend of the family, his relation with his client is somewhat like that which exists between the family doctor and an old patient—everything is done and little is said.

Many architects merely confirm their understanding with the client in an informal letter. This explains what the architect expects to do, what he is not to do, what his fee will be, and how payments of the fee are to be made.

This letter protects the architect. If it is not acknowledged, he may presume a tacit acceptance. It is obvious that an owner should reply at once if he takes exception to anything in this proposal. Not so obvious is that an owner should always reply to the architect's letter stating what he understands the architect to mean. By so doing



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he may show that he has misunderstood some important provision in the latter's agreement.

Most architect-owner trouble results not from the unreasonableness of either party but from lack of clear understanding in the first place. To guard against this, it is always much better for both parties if a formal agreement is drawn up before any building is begun. Being more complete, such an agreement is more likely to forestall misunderstanding. This is especially important today when an architect may perform so many services either in whole or in part. For in some cases, only sketches and drawings may be required; while

in others, the architect handles the entire job from the preliminary sketches to the completion of the building.

It is well to know that an architect can collect by law for his services—excluding, of course, services which he agrees to render without pay. If the owner refuses to compensate him, he can take out his loss on the building. Architects, generally, have been accorded protection under the lien laws; this gives them a mechanic's lien against any building on which work has been done and not paid for. I mention these things primarily to show how you may be

[Turn the page]

## Art Series Honors Early American M.D.'s

In 1822, at Fort Mackinac, a gun discharged accidentally, blowing a hole in the belly of a half-breed named St. Martin. He lived, but the hole never closed. Thus, to William Beaumont, the army surgeon who attended him, was given the opportunity of watching the stomach in operation and chemically analyzing its juices.

This incident led to the publication, in 1833, of Beaumont's treatise about "Experiments and Observations on the Gastric Juice and the Physiology of Digestion," which won recognition for its author as the first physiologist in America. It is also the inspiration for the first of six heroic canvases by Dean Cornwell, American muralist, depicting "Pioneers of American Medicine." Showing Beaumont draining gastric juice from St. Martin's stomach while an Indian girl and baby look on, the painting (see opposite page) is now on an exhibition tour of medical so-

cieties throughout the United States.

The remainder of the series, not yet painted, will be devoted to Ephraim McDowell (1771-1830), father of abdominal surgery, who performed the first successful ovariectomy; Dorothea Lynde Dix (1802-87), crusader for better treatment of the feeble-minded and insane; Oliver Wendell Holmes (1809-94), pioneer in combatting puerperal fever; Crawford W. Long (1815-1878) and William Thomas Green Morton (1819-68), first to use ether as a surgical anesthetic; and Major Walter Reed (1851-1902), discoverer of the cause, mode of contagion, and prevention of yellow fever.

Expressing hope that the series will be an "outstanding contribution to...American medicine," the artist has said:

"My interest in the medical profession dates back to my personal regard for our own family physician."

committing yourself when you simply tell an architect to "Go ahead and make me some plans."

Only infrequently, in private building, are the teeth of the architect-owner contract called upon to bite. Architects who have a reputation do not like to get involved in legal wrangles. Nevertheless, an owner should have his lawyer look over the contract before signing it. For if the original contract is not drawn up properly, the client may later require the more costly service of a lawyer to get him out of a jam. (Though there are lawyers who specialize in building contracts, any good general lawyer can approve a simple contract for a small building.)

A good architect may be counted upon to produce a better job than would have been done if he were not employed. Usually, though not always, an architect will save his client money, too—the saving amounting sometimes to as much as the architect's entire fee.

An architect's fee is based on the total cost of the building erected. This fee may be stated either as a lump sum or as a percentage of the final cost. The individual architect makes his own charge in the same manner in which a physician or lawyer does—usually relative to the type of clientele he has.

The A.I.A.—American Institute of Architects—which is the only national society of architects, recommends that the minimum com-

mission charged be 7% on a job let under one contract; and that on residential-type work, where there is a good deal of special detail, this minimum be raised. For jobs involving small offices and homes, some architects will not accept a fee of less than 10%.

This fee covers everything; but the owner should realize that it is based on the contract price plus such extras as are included in the building—in other words, on the total cost of the building. Full service includes consultations, preliminary sketches and plans, scale working drawings, blueprints, specifications, supervision of construction, etc.

The exact manner of paying the fee depends upon the particular contract between architect and owner. For instance, suppose the architect makes the plans, working drawings, and specifications, but for some reason the owner decides not to build; or suppose the owner does not want supervision. Then the fee is only a proportion of what the total fee would have been and covers only the work actually done.

Payment by fifths is fairly common practice and provides a reasonable basis for either full service or partial service remuneration. One fifth is for preliminary drawings and sketches and is due when they are delivered; the second fifth is for working drawings and specifications and due when these are completed; the third fifth is pay-

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WE CAN'T...tactfully...tell mothers about the *double* protection a young child gets from Clapp's Chopped Foods.

Of course, we can tell about the protective character of choice vegetables, rich in vita-



mins and minerals, perfectly cooked and coarsely-divided just as requested by doctors.

But we can't very well draw attention to the *other* job of protection done by Clapp's Chopped Foods—the job of protecting a child from his loving relations and even from his own mother.

It's a fact though: The older baby or the young child is far safer on Clapp's Chopped Foods. For as long as he gets Clapp's, he is felt by the family to be still on a special "baby diet," so they don't give him helpings of unsuitable grown-up foods.

Aside from all the other advantages offered by Clapp's Chopped Foods—convenience, variety, fine flavor, controlled texture, uniform seasoning—we believe they merit your recommendation because of this hidden factor of safety.

● The Clapp Company, first to make Strained Foods for young babies and Chopped Foods for older babies and young children, has always specialized exclusively in this field.



Thriving on his own well-chosen Clapp's Chopped Foods menu, the older baby, too, can have added protection from feeding upsets.

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**Soups**—Vegetable Soup

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**Fruits**—Apple Sauce • Prunes



# CLAPP'S *Chopped* FOODS

FOR OLDER BABIES AND YOUNG CHILDREN

able at the time the contract is let. The remaining two fifths are for shop drawings and supervision, and are due when the job is com-

pleted. The architect will charge for the extra work involved. Nor can an owner refuse to accept his architect's plans without "good and sufficient reason."

## Patient writes own name, saving errors

Wrong addresses and misspelled names are two recurring sources of bookkeeping trouble. To avoid them, I instruct my secretary to give each new patient a 3" x 5" card on which there are blanks for name, home address and phone number, business address and phone number, and name of person responsible for the referral.

After the patient fills in this information, my secretary transcribes it immediately onto a permanent record card and hands the card to me when the patient is ushered into my consultation room. Since adopting this policy, I don't recall a single error among the patients' names and addresses in my record file.—M.D., California.

pleted. This is a step-by-step arrangement. Each step is approved before subsequent steps are commenced.

Some changes usually have to be made before the client is satisfied. If the owner approves the plans as they go along but, at the end, changes his mind about the kind of building he wants, the

architect will charge for the extra work involved. Nor can an owner refuse to accept his architect's plans without "good and sufficient reason."

An owner may obtain working drawings and specifications from any source, such as magazines and books. Also, some architects will sell plans for anywhere from \$15 to \$100. Although the profession frowns upon these practices, there is nothing to prevent an owner from using such plans or from hiring an architect to supervise the building of a house from the plans of another. Should, however, the architect engaged find the plans imperfect or incomplete, he may either refuse to accept the job or charge for correcting and completing the plans.

The physician who is planning to build an office can help his architect by making rough plans or diagrams of the space he needs, the arrangement of the equipment, the most desirable sequence of the rooms, the amount of closet space he will need, etc. The architect is then able to visualize and transform the ideas into finished sketches. Diagrams and illustrations clipped from magazines may help suggest what is wanted. The very fact that the physician is interested enough to collect this material for his architect should promote better understanding between the two.

The architect always tries to design a building within the price

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1. Without loss of protein values, DRYCO modifications provide a *moderate* fat level, commensurate with the lessened tolerance of the average infant for cow's milk fat.
2. DRYCO modifications form no large, tough curds to retard digestion and induce vomiting. As a result of the roller drying process, the protein of DRYCO forms a soft, flocculent coagulum in the infant's stomach.

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the client wishes to pay. He does not guarantee, however, that the building he designs will fall within this limit—for the simple reason that he would then be liable to make up the difference between the guaranteed price and the actual cost. The architect does not build. It is only the builder who can contract for the construction at a certain price.

If a contractor agrees to put up a building for \$8,000, he cannot then charge \$10,000 for it. He must live up to his contract, win or lose. People often, however, have a contract for \$8,000 and find that the job runs to \$10,000. The difference of \$2,000 is charged to extras.

One of the main reasons for having an architect supervise con-

struction is to prevent the builder from loading these extras on the owner. For no layman can be expected to know always whether the particular extra is justified or not.

Obviously, an extra charge is legitimate when the owner demands something not called for in the contract. Yet even in the case of legitimate extras, the builder has the owner at a disadvantage. The owner is almost invariably charged at a higher rate for the extra work than for anything done under contract. A builder may pay his men \$5 or \$6 a day for carpentry work done under the contract. Yet for extra carpentry, not included in the contract, he may charge the owner an arbitrary \$15 or \$16.

The architect, as his client's representative, must see that the client gets his money's worth. The architect, however, can not authorize any changes in the work except with the owner's consent.

The architect's agreement should state that all questions of interpretation of drawings and specifications shall be referred to him. Then if the builder finds any errors or discrepancies, he has no legitimate excuse for not calling them to the architect's attention before he accepts the contract.

When a builder disregards anything in the contract, the architect points it out to him and demands that it be changed in accordance with the contract. If the builder does not make the required change, the architect then brings the matter to the attention of the owner. Since the contract is between the owner and builder, it is the owner, not the architect, who must demand satisfaction. —RAYMOND T. B. HAND

## Payments clinched by written confirmation

When a telephoned collection request is met by a promise to pay, always get the patient to name a definite date on which settlement will be made. Then, to clinch the agreement, write the patient on the same day, to this effect:

"In accordance with our telephone conversation this afternoon, I look forward to receiving payment of your outstanding account (\$25) on or before February 1, 1939."

Such agreements in black and white are violated far less often than mere verbal promises.—NORMAN MACPHEE, Toronto, Canada.

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Baume Bengué produces rapid relief of pain in myalgia and in painful joint affections. Through local decongestant action and systemic salicylate influence, it quickly allays joint and muscle discomfort. Edema subsides and greater motion becomes possible; resolution is promoted, and restoration of function is hastened.

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# The Committee of Seven Goes Begging

*Conferences with the President's Committee accomplish little as Congressional action nears*

Congress meets next month. It will again be Democratic. And the New Deal eye, though somewhat jaundiced by defections in the ranks, will turn—at last—to the problem of legislating the nation to new medical heights.

It had been hoped that the recent discussions between the President's Interdepartmental Committee and the A.M.A.'s Committee of Seven would bring the issues into sharp focus. It had been hoped, further, that the opinions of the medical profession would be incorporated into the proposed National Health Program, and that the inter-committee talks would at least make clear just how far the Administration intends to push its original demands.

But in vain. The suspense was merely heightened by the absolute emptiness of the statements voiced by Miss Josephine Roche and Dr. Irvin Abell after the closed session of October 31st.

One thing only, it appears, is certain:

The President will place a request for far-reaching medical legislation before the new Congress.

This will be based on a report which Miss Roche expects to deliver to the White House by the first of the year. By then, the Interdepartmental Committee will have completed a two-months "intensive search for further data" which began October 31st at the conference with the Committee of Seven.

Welfare, consumer, and labor groups were named by Miss Roche as the sources of information the Government seeks in order to solidify its recommendations.

Unfortunately, the A.M.A. committee has played a rather negative role in its conversations in Washington. The meeting of October 31st served only to reaffirm the organized medical profession's "agreement in principle" with the majority of the National Health Program's proposals—*except* the extremely vital one on compulsory health insurance.

After the all-day conference, neither Miss Roche nor Dr. Abell succeeded in convincing reporters that anything had been accomplished. The disagreement on compulsory health insurance, Miss Roche declared, would be worked out at later discussions with the A.M.A. delegates. She described the session as "very fruitful"; but her enthusiasm has been construed as little more than inner conviction in the light of her subsequent prophecy that "we will work out

a wonderful program for the nation's health."

Members of the Committee of Seven said that no details had been discussed, and that haste was to be avoided. In his opinion, Dr. Abell stated, detailed provisions for translating the approved principles into action should originate with the Government, though the A.M.A. committee, he added, would carefully consider plans for such action in the meanwhile.

Many observers, referring to the conference as a "do-nothing session," point out that differences between the Government and the A.M.A. do not end with the compulsory health insurance issue, and that none of these were resolved. Thus, the Federal Government still plans to spend \$850,000,000 per year for ten years; while the A.M.A. would like to see expenses borne in large part by local governmental units. And where the doctors recommend an increased use of existing hospital facilities, the Interdepartmental Committee still wants to embark on a major hospital-building program.

That these differences were brought up in the talks between the A.M.A. and the President's Committee, there can be no doubt.

That their status remains virtually unchanged leads to the conclusion that the National Health Program will be recommended to President Roosevelt practically as is; and that he, in turn, will strongly recommend it to his Congress.

With time getting short before the medical profession undergoes a major legislative operation, physicians were alarmed recently by the outspokenness of Senator Robert F. Wagner (D.) of New York in behalf of state medicine. Senator Wagner, moving spirit in the New Deal's labor and Social Security legislation, declared that:

"Group health insurance... has worked effectively in other countries, and I believe we can develop a plan... for our people. There is a lot of data available in such form that a prolonged investigation would not be necessary... A committee of Congress should first make a study of this information and then recommend a plan."

In the opinion of many doctors, the Wagner statement is an omen confirming the Administration's determination to push the Interdepartmental Committee's program. The Senator's emphasis on the fact that a "prolonged investigation would not be necessary" in view

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of the "availability of data"—the Government's own, of course—has led physicians to fear that the Congressional committee hearings will be a repetition of the National Health Conference and the Government talks with the Committee of Seven. They are afraid that here, too, the voice of the profession will be ignored or passed over, allowing the Administration's recommendations to reach Congress with no more than an official O.K.—enough, perhaps, to insure their adoption by the nation's most vote-conscious group.

Organized medicine, if it is to get any hearing, must now depend on this un-named committee to which the medical bill will be referred. It will be the last of the conferences—the last hope for careful deliberation.

Will that hope be realized? Or will it, too, fade into limbo?

—PATRICK O'SHEEL

## The judgment note: a collection Rx

Blank judgment notes are a good form of "collection insurance." When the fee is a lump sum, as in surgery, and the patient promises to pay at a future date, ask him to sign a "memorandum" to that effect. Then hand him the judgment note. If he has made a verbal

promise, he will rarely hesitate to put it in black and white. Husbands should endorse their wives' notes, of course—and vice versa.

Thirty days before the note becomes due, send it to your bank. For a nominal sum, they will notify the signer that they expect payment on the date specified. From then on, his dealings are with the bank—on a strictly business basis. Excuses he might give a physician for non-payment are hardly offered a banker—especially if the patient has credit to maintain.

A few people may be put out when they find their note is held by a bank. But, usually, these are the ones who intended to evade payment. Moreover, this possibility is far outweighed by the following advantages:

1. The note is an admission by the patient that services have been rendered and have a reasonable value. This is important defense evidence in the event of a malpractice suit.
2. If sued, the physician does not have to appear in court. The note is "confessed" without his presence.
3. In ordinary suits, the physician pays the attorney's fees. But a judgment note provides that, in the case of a suit, the patient must pay them.
4. In many states, accounts not evidenced by note are outlawed.



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# RECENT ADVANCES IN THE SCIENCE OF NUTRITION

## IV. Some Accomplishments of Vitamin D Research

● By 1932, many of the basic facts concerning vitamin D had been clearly established (1). At that time, the International system of denoting vitamin D unitage had not been universally adopted. However, the antirachitic potencies of a wide variety of biological materials had already been explored; the need for standardization of assay methods was appreciated; the minimum requirement of infants and children for vitamin D had been estimated; and the probable "multiple" nature of the vitamin definitely indicated.

Since 1932, the importance of vitamin D in human nutrition and the challenge of the many unanswered questions regarding this factor have served to stimulate research both in the clinic and in the laboratory. It is of interest to note some of the outstanding advances made in our knowledge of vitamin D which the past six years have brought.

It is now known that at least ten different sterol derivatives are capable of exhibiting the physiologic properties of vitamin D. Of these, only two may be considered of prime importance as far as practical application in human nutrition is concerned, namely, the activation products of ergosterol and 7-dehydrocholesterol. The remaining forms are of considerable theoretical importance in that their identification has completely established the multiple nature of vitamin D (2).

Further research has also defined more closely not only the vitamin D requirements of normal infants and children, but also of premature infants and those peculiarly susceptible to rickets. Apart from conditions of pregnancy and lacta-

tion, the possible requirement of the human adult for vitamin D is still not known (3). The International system of expressing vitamin D potency has been universally adopted; bioassay methods have been standardized (4); and last but not least, a high degree of standardization has been attained, not only in regard to the antirachitic potency of vitamin D preparations, but also as to the extent to which the vitamin D contents of certain foods should be increased by the various means available (3).

While some foods, including some canned foods of marine origin, are valuable food sources of vitamin D (5), no combination of common foods—as they occur naturally—can supply the demands of the infant and child for the antirachitic factor. Although there is no reason as yet to believe that the normal adult requirement for vitamin D is not largely fulfilled by a varied diet of protective foods, it is definitely known that the infant and child dietaries must be supplemented with or fortified by vitamin D.

It is in the formulation of basic diets for either infants or adults that commercially canned foods should prove especially valuable. Among the great variety of American canned foods are included special foods for use in child and infant feeding which, when properly supplemented or fortified, should meet the nutritive demands of those stages of life. For the normal human adult—whose diet hardly requires special supplementation—there are a large number of canned foods available which readily permit formulation of a varied diet of the so-called protective foods.

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| (1) 1932. J. Amer. Med. Assn. 99, 215 and 301. | (4) 1936. U. S. Pharmacopeia, XI Decennial Revision. |
| (2) J. Amer. Med. Assn. 110, 2150.             | (5) 1935. J. Home Econ. 27, 658.                     |
| (3) Ibid. 110, 703 and 1179.                   | 1933. Science 78, 368.                               |

What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the forty-third in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



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after from three to five years. Where a note exists, the collectible period is from seven to ten years.

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—WILLIAM R. CROW, LL.B.

## G.P.'s return to favor

Signs of a new sunrise for the general practitioner seem to be appearing on the horizon. And it's about time. Since the War, specialists have not only become more numerous but have also identified themselves more clearly in the public mind.

Once the G.P. was the central station who referred his patients to this consultant and that. Then laymen began to seek the specialist directly. Expectant mothers hunted for famous-named obstetricians; carried new-born babes to pediatricians; sought psychiatrists for the child's behavior problems, internists for his

coughs, surgeons for his belly-ache.

Now it appears that specialists themselves have come to realize that while they treat diseases, only the G.P. can treat patients. Symbol of this new wisdom is Dr. Colin Lindsay's latest report to the British Medical Association.

"The only true specialist in the recognition of disease," says Dr. Lindsay, "is the family doctor."

Our colleague on the other side is no doubt right. A return to the family doctor is in sight.

Generally, the specialist sees only the end-results of disease: complicated, far-advanced, often hopeless clinical pictures. Yet the G.P. can see disease at the beginning—if he gets the chance. The best of the cancer specialists seldom sees the insidious early onset of the malignancy. The family doctor does. On his shoulders, then, rests responsibility for the early recognition—and, therefore, the ultimate cure—of cancer.

Further, only the family doctor can see the patient as a whole, as part of a daily routine and an integrated family pattern. People sick at heart, sick in body, sick in mind need as never before the well-rounded, mature spiritual and hygienic guidance of the family doctor. What his patients say to him, the specialists are now ready to repeat: "Welcome, home, old friend. We've needed you badly."

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# Prolonged effects of mustard baths demonstrated



SUBJECT M.E. — *Photomicrograph showing capillaries of skin of arm before mustard bath.*



SUBJECT M.E. — *Note dilatation of capillaries of skin of arm 45 minutes after arm had been immersed for 40 minutes in bath containing 6 grams mustard per liter.*

THAT mustard bath effects are not merely of short duration, but are evident for a prolonged period of time, is indicated in the accompanying photomicrographic studies.

It has been earlier observed that immediately after mustard baths the capillaries of the skin dilate and the blood flow through them increases. Also that the peripheral blood flow is quantitatively increased while the extremities studied are immersed in mustard baths.

This new photomicrographic study shows further that there is a very marked dilatation of capillaries and even more marked dilatation of the connecting arteries and venules 45 minutes after the mustard bath, in this subject. The same effects have been observed in another subject even after 5½ hours. As observed through the capillary microscope, the blood flow through the vessels was extremely rapid. No stasis was evident.

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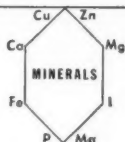
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1. Southern Medical JI., Aug., 1938.
  2. Report of League of Nations' Health Committee, Dec. 6, 1937.
  3. Eddy, Walter E. (special research report on Vi-syneral).
  4. Privitera, A. T., Arch. of Ped., April, 1938.
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# To soothe the savage breast

*Music hath charms for the doctor, no less than for his non-professional brethren. Here's evidence.*

Whether it be symphony or "swing," more and more doctors are indulging a musical bent. Sold on music-making for relaxation, these incipient instrumentalists have taken to practicing scales after office hours, getting together regularly to rehearse for concert or dance.

A few doctors have gone straight to the muse. To wit: Dr. Emerson Bigelow, of Akron, Ohio. Dr. Bigelow composed not only the world-famous march "Our Director," but also "The Doctor." Andrew Novak's latest composition is titled "Hippocrates," and is dedicated to the practitioners of Summit County, Ohio.

The Akron Doctor's Symphony Orchestra (see MEDICAL ECONOMICS for November 1937), which has held the symphonic stage alone since 1926, must now share it with the newly-formed New York City Doctors' Orchestral Society. Meanwhile, in Oakland, California, the demand for entertainment and dance music at informal gatherings of medical groups has produced a band which generates off-stage music and "swing" with equal ease.

All this is not without tradition. In the past, much musical talent has been concealed under a medical bushel. One example is the well-known surgeon who used to collect stringed instruments (he had four whose age totaled 1,133

years) and, between operations, played with a string ensemble. As for physicians' orchestras, they go back at least 53 years to the New York City Doctors' and Pharmacists' Orchestra led by Carl Rothmund. Dr. Justin Herold, second violin of that pioneer organization, is still engaged in active practice.

If Dr. Leopold Glushak's dreams for the New York City Doctors' Orchestral Society come true, it may even outnumber Akron's fine band. Its 50 pieces—mostly strings and woodwinds—already top Ohio's 39; and Dr. Glushak hopes to see the membership reach 100 by the end of the Winter. Eventually, he



*Horseplay by Drs. H. V. Allington and L. K. Garron of the Oakland (Calif.) Swing Band.*

hopes, the society will be the nucleus of a music unit within organized medicine.

Several of the New York orchestra's members were formerly professional musicians. Of these, Dr. L. J. B. Gluzek was a concert cellist. Director Ignatz Waghalter formerly conducted at Berlin's Charlottenburg Opera House. Dr. Glushak himself studied at London's Royal Academy of Music, conducted at fifteen, has sung in opera and on the radio, and helped found the Washington Opera Company.

Hardly as dignified, but perhaps equally satisfying, is the performance of popular music. For four years, Oakland's Swing Band, led by Urologist Lloyd Kindall, has beat it out with the hottest. It consists of thirteen pieces, played by seven doctors and six dentists. Fred Fisher, trumpeter, a G.P., finds consolation for low fees in high notes; Lee Garron, another G.P., beats away collection blues on the drum; Ted Redewill, an intern, is a veteran on the bass fiddle; Herman Allington, dermatologist, haunts listeners with his "umpahs" on the bass horn; C. Martin Mills, who conserves the public health by day, nightly menaces it with the "sax"; Edward Greer, intern-

ist, diagnoses a noisy banjo; while Charles Greenwood, G.P., keeps his fingers limber as pianist.

These California swingsters contribute their services to the musically-indigent, refusing fees but accepting dinners. They have appeared at dances and social gatherings of medical groups all over the state.

—ERNEST L. GLADSTONE

## FORTUNE dissects the A.M.A.

*Fortune*, the ponderous periodical, has performed a literary exploratory operation of somatic proportions on the American Medical Association. It describes the A.M.A. as a "trade association," and finds a strong resemblance between the sputterings of its recent history and those of a dying ember. Its 10,000-word presentation (issue of November 1938) is in the tenor of an autopsy report, suggesting a case of wish fulfillment or perhaps a tendency to indulge a flair for precognition.

The article has all the earmarks of a case history. If it were prepared in the style required for

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publication in the *Journal A.M.A.*, its thesis would be condensed into a summary such as this:

The American Medical Association, 91 years of age (gross earnings, 1937, about \$2,140,000) and without significant events in its history other than malnutrition in early years, developed the colorful symptoms of Fishbeinitis about fourteen years ago when a previously benign cyst manifested signs of excessive proliferation and produced metastases throughout the body, recently involving the visual organs so that the patient was unable to notice the speeding car of social progress which was rapidly overtaking it. While obstructing traffic on the highway of progress, the patient was hit recently by the New Deal medical-care plan, and sustained injuries calling for an operation in which a Fishbeinectomy is indicated, plus some extensive plastic surgery that will make the patient more closely resemble the British Medical Association—particularly with respect to the substitution of a "panel" for the frontal plate of its fractured cranium.

Fact and opinion have been compounded by *Fortune* into a bubbling concoction that is uncritical in its presentation of the story of the founding, growth, and structure of the A.M.A. But in the

discussion of personalities, philosophy, and social consciousness (or lack of it), it appears that some very tart, if not bitter, ingredients were never completely dissolved. Nor is the taste this leaves quite disguised by the saccharine of a clever literary style.

The *Fortune* writers have accepted the premise that the "rebels" in the A.M.A. and the New Deal proponents of Government medicine are much more correct in their attitude than the conservatives and reactionaries in the medical organization, whose stand, one is left to assume, smacks somewhat of dictatorship. The authors showed commendable restraint in failing to dignify by inclusion the stories that are whispered about Dr. Fishbein by his enemies. Dr. Fishbein's friends, however, will feel that his difficult position and his anonymous accomplishments have not been fully appreciated.

After several pages of pros and cons, with no probing beneath the epidermis of the situation, *Fortune* expresses its stand in a single paragraph:

"Indeed it is not too much to say that the A.M.A. is in the process of acknowledging the defeat

**MARSHALL'S**  
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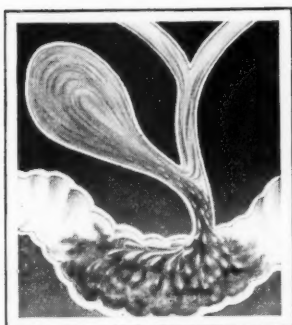
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A NON-TOBACCO CIGARETTE which contains ephedrine and cubebs. When the cigarette is consumed, the active ingredients are volatilized and carried in finely dispersed form into the nasal cavity and deposited on the mucous membrane lining. Reaches areas inaccessible to drops or spray. Patients report easier and more comfortable breathing in cases of asthma, catarrhal affections, some forms of sinusitis, etc. More pleasant, effective and convenient. Make your own clinical tests—send for free package.

**EPHEDRINETS**



# Physiologic Cholecystotomy

"ADEQUATE DRAINAGE" is one of the first laws of surgery. In the treatment of chronic cholecystitis this is SURGICALLY accomplished by putting a tube into the gall bladder. MEDICALLY, Ketochol management may achieve the same result in a physiologic manner.

Used in conjunction with a diet rich in uncooked fats, frequent feedings, and antispasmodic therapy, Ketochol stimulates the secretory activity of the liver cells, increasing the production of hepatic bile, which irrigates the

entire biliary tract, promotes drainage and overcomes stasis.

## KETOCHOL

is not a "bile salt," but a combination of the oxidized, or keto form, of the bile acids (cholic, desoxycholic, chenodesoxycholic and lithocholic) normally present in human bile.

**INDICATIONS:** Cholecystitis (Chronic and Subacute)—Cholangitis—Hepatic dysfunction.

**AVERAGE DOSAGE:** One Ketochol tablet to be taken three times daily, immediately after or with the meal; increase or decrease to suit each individual patient.

**HOW SUPPLIED:** Bottles of 100 and 500 tablets.

50th Anniversary *G. D. Searle & Co.* 1888 to 1938  
ETHICAL PHARMACEUTICALS SINCE 1888

CHICAGO

NEW YORK

KANSAS CITY

SAN FRANCISCO

of its own leadership. For the average doctor whose views have been discussed speaks through Dr. Morris Fishbein, and while Dr. Fishbein is a brilliant promoter he

## Assignment form helps share-cropper pay

Much thought is being devoted these days to the problems of the tenant farmer and share-cropper; little, to the doctor who must depend upon him for fees. In stimulating collections among such patients, the following form has proved highly successful:

..... 193.....  
 I..... of.....  
 patient's name number street  
 ..... hereby authorize  
 city state  
 ..... to withhold  
 employer's name  
 \$..... from the proceeds of  
 my crop and to pay that amount  
 to.....for medical  
 doctor's name  
 services rendered.  
 Signed .....  
 Witness .....

This form has several pronounced advantages:

It helps the seasonal worker to budget against illness that may strike him when he is without funds. It empowers the employer to hold out a portion of the patient's crop proceeds (which he cannot do legally without written permission of the employee). It obviates legal threats and suits, with their attendant unpleasantness. And it eliminates the recording fees and legal rigamarole of the usual mortgage.

—S. H. FLOWERS, M.D., Louisville, Ky.

has not displayed much flexibility when faced with new medical and political realities. He has, in a word, failed to develop in social consciousness as fast as the needs of the day require. He is not entirely responsible for this, of course, since in his position, he must say more or less what the A.M.A. elders—the trustees and delegates—tell him, regardless of his private views. But between the elders and Dr. Fishbein the A.M.A. has worked against its own purpose by clinging to ideas that rightly or wrongly have been discredited, and it finds itself within hailing distance of its own downfall. It has been in the backwash of social forces that are threatening to crumble it, and apparently it is now on the point of trying to move with the current."

A more scholarly viewpoint would have enabled the authors to analyze the situation in a truer perspective. The A.M.A. has lagged behind the needs of the day no more than our whole social-political structure. If we had some doctor with a vision broad enough to view our national community as a super-organism, who could see the difficulties besetting it as symptoms of a social-economic disease, and who would seek to determine its etiology by true scientific methods rather than by way of the emotional meanderings of political techniques—if there were such a man, he would undoubtedly find that both the A.M.A. and the New Deal have failed to make a satisfactory diagnosis and to write the proper prescription. The *Fortune* article failed to attain this advanced viewpoint.

—WINFIELD BLANTON

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# Investors' Clinic

*Department-store omelets*

*Shares at low prices*

*A business man's investment*

*The participating preferreds*

*No tears for the farmer*

*Lag in airline companies*

Untrue of nature, but true of business—sap rises in the fall. Autumn is the verdant season in commerce. Winter is the season when hopes spring into blossom or wither into despair.

What will it be this winter? No one can answer with absolute finality.

Still, the physician doesn't have to bury himself in a haymow of statistics to draw a reasonably accurate conclusion. He can get a pretty good "slant" on the market by studying three simple weather-vanes: (1) the monthly F. W. Dodge Corp. reports showing how many construction contracts have been awarded; and the weekly statistics showing (2) how many automobiles were made during the week and (3) how many freight cars were loaded with revenue freight. All three industries are of basic importance. If they're doing well, business in general is likely to thrive.

Your local newspaper may quite possibly carry these reports. Or, if it doesn't, you can obtain the figures from any leading financial magazine.

Of late, these figures have been moving slowly upward. Each week, with infrequent exceptions, they show a gain over the week before. Of course, they usually do that in the late fall months; it is a seasonal gain

—the sap rising in

the trees. Therefore, you must compare the figures with a year ago. Ascertain if the rate of gain is more rapid now than last year. If so, buy stocks; for business is going ahead faster than it did last year. If not, either sell stocks or stay out of the market.



The Christmas season brings cash cheer to department stores. The tinkling of Yuletide bells is lost in the jingling of cash registers. But after Christmas, the department stores suffer. People have spent their money. They keep out of the stores for a spell.

For that reason, the physician should not be lured into buying department store stocks right now. He's buying when things look their best. But just a few weeks more and they'll not look so good.

True, business will return to the department stores. But during the lag, their shares will be as flat as a second-day omelet. And they'll remain that way ordinarily until the next fillip of good business comes along—which is usually in February and March, when the

lady of the house begins thinking about Spring finery and that new Easter hat.

☆

In 1932 when things were particularly black, a financial writer whose column appears in many newspapers drew up a list of fifty selected stocks selling under \$10 a share. Buy these, he told his readers, hold them for a year or more, and you'll make a substantial profit. He was right. At the peak of the market last year these shares were two to five times higher than in 1932.

Just recently, a leading investment service took a leaf from the writer's book. It selected fifty "cheap" stocks (selling at around \$20 a share) and recommended their purchase. So far, the service's advice seems to be measuring up well. Most of the stocks it recommended are already higher than they were when the list was published.

But that does not mean you can go into the market and buy any "cheap" stock at random and count on a sure profit. Not all "cheap" stocks are really cheap. Some wouldn't be cheap at half the price. You must select them with the care you'd show in selecting any other

security. Analyze them first with the usual investor's calipers (record of earnings, debts they must pay off, prospects of the industry, etc.). Then find out how the stock has been behaving recently. If it has suddenly toppled from, say, \$50 a share to \$8, look out. There must be a reason for the sudden drop—possibly a receivership impending. But if the stock has been holding steadily around, say, \$20 a share, and recently has been advancing, the chances are fairly good that the company is doing well and that the stock's price will go higher.

Of course, the real test is to be found in what the company is earning and how orders are coming in. Those figures can be obtained from your broker or banker; he'll get them for you if he doesn't have the information on tap. The study of recent price movements is simply a protective measure. It will often tip you off when there's something wrong in the company—sometimes, in fact, before even your banker knows what's going on.

☆

You've often heard of the "business man's investment." Translated

**GLYKERON** ... a double-action antitussive

*because it is*

**1**

**MILDLY SEDATIVE**



**2**

**STRONGLY EXPECTORANT**

• It aids in breaking the vicious circle of coughs that are uselessly irritating or unproductive.

Dosage: For adults 1-2 teaspoonfuls every 2-3 hours or longer, children in proportion.

Supplied: In 4 oz., 16 oz., and half-gallon bottles.

May we send you valuable brochure?

**MARTIN H. SMITH COMPANY, 150 LAFAYETTE STREET, NEW YORK, N. Y.**

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APRIC  
GREEN  
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**Processing of  
Canned Strained Foods  
by the Shaker  
Cooking Method  
Improves Flavor,  
Color, General Quality**



By shortening the time necessary for processing Gerber Strained Foods while they are being cooked in the cans, a definite improvement in quality has been effected. Flavor has been improved, color is fresher, quality is raised in general.

This has been accomplished by the use, since 1934, of shaker cookers. In these cookers, cans of strained foods are shaken along the longitudinal axis at the rate of 140 times a minute. This shaking distributes the heat evenly throughout the thick, heavy mass of strained food in the can. Like stirring a thick cereal in a saucepan, which would otherwise burn on the bottom and remain uncooked on the top, shaker cooking distributes heat even-

ly, and in doing so shortens cooking time.

Without shaker cooking, in ordinary canning procedure, cans are filled at an elevated temperature, sealed, and placed in retorts for processing at temperatures from 212° to 250°F. for the time determined necessary for each product. Penetration of heat to the center of the contents varies greatly, depending upon the product. Timing is based on heat penetration studies which have been made over a period of years by the National Canner's Association; also two manufacturers of cans, and in our own laboratory.

We knew that because of the slower heat penetration the food resting against the container received more cooking than in the center of the can. To overcome this, shaker cookers were developed. They proved so successful that factory size shaker cookers were installed. Innoculations with test organisms and other studies were made to determine the necessary sterilizing values.

The net result is a shortening of the time necessary for adequate processing and improved flavor, fresher color.

• • •

**Free on request:** Analyses of mineral and vitamin content of Gerber Strained Foods. Also recent reprints. Gerber Products Co., Dept. 2212, Fremont, Michigan. (In Canada, Gerber's are grown and packed by Fine Foods of Canada, Ltd., Tecumseh, Ont.)



**11 VARIETIES  
FOR A MORE  
DIVERSIFIED DIET**

**Gerber's  
BABY FOODS**

APRICOTS AND APPLE SAUCE . . . BEETS . . . CARROTS . . . CEREAL  
GREEN BEANS . . . LIVER SOUP WITH VEGETABLES . . . PEAS  
PRUNES . . . SPINACH . . . TOMATOES . . . VEGETABLE SOUP

Practice Nasal Hygiene  
to Prevent

**NASAL HALITOSIS**

Much Bad Breath  
is exhaled thru the Nose



Avoid any chance of offending by "shooting" a measured charge of V-E-M up each nostril before contacting your patients. They, too, will welcome your suggestion that V-E-M sweetens nasal exhalation.

V-E-M, consisting of Australian Oil of Eucalyptus and Menthol in a suitable hydrocarbon base, spreads over the accessible membranes in a pleasant, cooling film, covering sources of halitosis not reached by mouth washes and gargles, and masks of offensive odors from bad breath exhaled through the nose for hours after application.

For your own protection, and that of your patients, make a practice of using V-E-M.

Mail the Coupon for a Free Professional Size Sample of V-E-M

-----  
SCHOONMAKER LABORATORIES, Inc.  
Caldwell, N. J.

Send Free Sample of V-E-M.

.....M.D.  
Address.....

into every day language it means a bond yielding around 6%, yet offering reasonable safety of principal.

Today, few worthwhile bonds yield 6%. Most of them return substantially less. But if you scan the bond tables closely you'll find, even now, a few 6% issues. The best place to look is among companies in industries which have recently had trouble, e.g., the tire and rubber companies which have had labor disturbances, the railroad companies which have been threatened with a strike, and the locomotive and freight-car building companies which have not been doing much business of late, but whose prospects are improving.

Care must be taken, of course, in making your selections. Best bet is to list five or six bonds of this category which look good to you; then have your broker or banker find out if the companies are earning enough profit to meet bond interest payments without strain.



For an evening's diversion which promises profit as well as interest, look over the participating preferred shares traded on the New York Stock Exchange. There are 25 of them.

Like ordinary preferred stocks, the participating preferreds are entitled to a certain dividend rate before any dividend can be paid on the common shares. But, unlike other preferred stocks, the participating preferreds share equally with the common stocks when dividends on the latter go above a certain stipulated figure.

For example, some companies agree that all dividends, in excess

# Solving the problem of "A" and "D" deficiency

WHY is it that cod liver oil, in deficiency therapy, seems to have an effectiveness greater than the effectiveness of either Vitamin A or D alone?

Authorities differ . . . but it seems reasonable to assume that there is a *special* efficacy in the combination of vitamins, fatty acids, and lipoids as they are found in cod liver oil.

Granting, however, that plain cod liver oil is superior for supplying a deficiency of Vitamins A and D—you may find cases

where the plain oil is not easily digested. In infants, it may cause regurgitation. To some adults, it may be repugnant because of its "fishy" taste.

For such cases, an excellent solution is to recommend Scott's Emulsion. This emulsion is made from selected Norwegian cod liver oil. Clinical tests show it to be more than four times easier to digest than plain cod liver oil. Also, it is pleasant tasting and therefore palatable to those who object to the taste of the plain oil.

## SCOTT'S EMULSION

Made by Scott & Bowne, Bloomfield, N. J., U. S. A.

of \$4 a share on the common, must be divided between the common and the participating preferred. Thus, if the company can pay \$6

chances are good that history may repeat itself.

If you need help in tracing the dividend records of the participating preferred shares you find, your broker will accommodate you.



## Employer forces deadbeat to pay

There are several ways of collecting from an out-and-out deadbeat. One of the most effective, I've found, is to write or 'phone an official of the company in which the delinquent works.

Just last month, a patient who owed me \$125 refused to pay. I had no note. But I knew he was earning at least \$50 a week. So I went to the manager of the theatre where he worked and the latter told him to pay up in a week or quit.

He paid.

—M.D., Iowa.

a share on the common (or \$2 a share more than the regular common dividend rate of \$4 a share), the company must also pay \$2 a share extra on the participating preferred. In other words, if there's any melon, the participating preferred is going to have a slice of it.

Of the 25 participating preferred shares now listed on the New York Stock Exchange, twelve have at one time or another received an extra slice of dividend pie. The

Many tears are being wasted this year over the farmers. To listen to some economists, you'd think they were going to starve. But they're not. Look at the figures from the U. S. Bureau of Agricultural Economics. Farm income in 1938 will reach \$7.5 billion compared with \$8.5 billion in 1937. A difference of \$1 billion is a lot, of course; but the bureau says that most farmers have done as well this year as last (counting Government bounties, of course) and that their 1938 income is considerably above the yearly average for the past decade.

Meanwhile, many investors, believing the farmers were harder pressed than they were, have been selling shares of companies which do an important part of their regular business with the farmers, e.g., automobile, farm equipment, farm tractor, and mail-order houses. The bearishness of these investors has been overdone. Farmers are still able to buy automobiles and tractors, build new silos, and have money left to paint the barn.

So don't sell shares of the companies catering to them. Right now

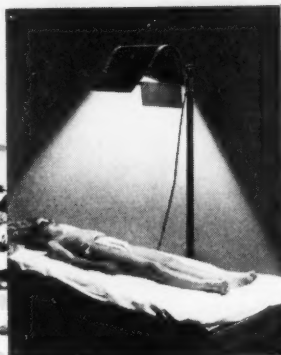
**Promptly Controls Itching and Irritation**

Resinol Ointment is exceptionally reliable, whether the condition arises from eczema, pruritus ani or vulvae, or other source. Speedy, decisive action. Try it. For professional sample write Resinol Chemical Co., Dept. ME-11, Baltimore, Md.

**RESINOL**

# Summer Sunshine stored for

# Winter Use—



**T**HERE will be almost daily occasion, in the sunless months ahead, to give some patient the benefits of ultraviolet radiation—your results will depend largely upon the effectiveness of the apparatus you employ.

Such conditions as erysipelas, rickets, secondary anemia, varicose ulcers, calcium deficiency in pregnancy, tetany, and psoriasis will face you during the winter—do not handicap yourself or your patient by using outmoded or inefficient equipment.

In many cases ultraviolet is a valuable adjunct to vitamin therapy, and often it serves alone where the patient exhibits an idiosyncrasy toward medication.

The G-E Model "F" Ultraviolet Lamp meets all requirements of office practice; it provides a high-intensity radiation rich in the spectral wave bands of known therapeutic value. It is extremely easy and economical to operate, sturdy, flexible. While a com-

paratively recent development, hundreds of owners have already found their investment in it to have been a splendid one both clinically and financially.

Refresh your memory as to the merits of ultraviolet by reading abstracts of recent worth-while articles; study a booklet which describes the G-E Model "F" Lamp in detail. Both will be sent to you upon request. Tear out and mail the handy coupon—today.

## TEAR OUT AND MAIL

### GENERAL ELECTRIC X-RAY CORPORATION

3012 JACKSON BLVD. CHICAGO, ILL. U. S. A.

Send ultraviolet reprints and copy of your Model "F" Lamp Catalog.

Name .....

Address .....

City .....

A212



**GLYCO THYMOLINE**  
TRADE MARK

**A DEFENSIVE WEAPON**  
Against Colds  
and  
Sore Throats

**Send for Samples**

**KRESS & OWEN COMPANY**  
361-363 Pearl Street, New York

farmers are more prosperous than many of our manufacturing workers.



The large companies which operate transcontinental airlines (not to be confused with the companies which manufacture airplanes) have lost money this year. Moreover, they are now entering their worst flying season—the winter.

Physicians will do well in view of that to keep away from airplane shares. They are likely to lag behind other shares when the stock market rises. Better to wait a few months before buying. Airline operating companies (and their shares) usually do better when skies are clear and warmer weather lies ahead.

—FRANK H. MCCONNELL

## Reminder card limits broken appointments

After making an appointment with a new patient, I usually send him a reminder by mail, repeating the date and hour. This indicates a genuine interest in the case and, of course, minimizes broken appointments.

A neatly printed card with spaces to be filled in serves the purpose of a reminder very aptly. Mine is laid out as follows:

**NICHOLAS VIGGIANO, M.D.**  
**PIERMONT, NEW YORK**  
Telephone, 656

M..... has an appointment with.....  
**DR. VIGGIANO** at..... A.M.  
 on..... P.M.

This time is reserved for you. If, for any reason, the appointment cannot be kept, notification should be made at least one day in advance.

—N. VIGGIANO, M.D., Piermont, N.Y.

# IRON



## HEMATINIC PLASTULES

### *Thrifty and Effective*

This effective iron medication is available, on your prescription, at a cost of only a few pennies per day!

More than two weeks' treatment with Fifty Hematinic Plastules Plain may be obtained at an average cost of less than one dollar.

Each Hematinic Plastule Plain provides five grains of ferrous iron and the vitamin B complex of concentrated yeast.

A marked improvement attends their use in cases of hypochromic anemia. They are well tolerated and easy to take.

#### TWO TYPES

*Hematinic Plastules Plain*

*Hematinic Plastules with Liver Concentrate*



THE BOVININE COMPANY • 8134 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

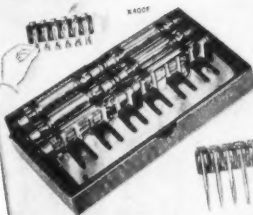
## B-D GIFT SUGGESTIONS

—including many new and attractive gift items suitable for physicians, nurses and members of other and associated professions. The items listed are not only suitable as Christmas gifts, but will be found acceptable at any season of the year.  
(Prices throughout are list, subject to your usual discounts.)

### B-D NEEDLE "STERITUBE" SEXTETTE

X400F - List \$2.50

A companion piece to the "Syringe Sextette" shown below. Complete with six glass tubes in which needles may be sterilized with rubber caps; one dozen B-D Yale Rootless Steel Needles, 26G 1/2", a nickel-plated rack to screw onto the wall, holding six tubes with sterile needles and six sterilizing clips. Needles may be boiled in the tubes, and the points are protected. This outfit together with the companion "Syringe Sextette" affords convenience that the physician has never had before. Blue and silver gift box.

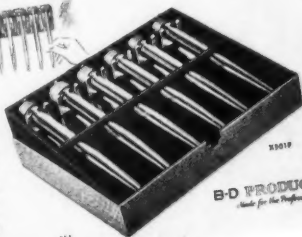


### B-D SYRINGE "STERITUBE" SEXTETTE

X301F - List \$10.40

A very practical idea—a nickel-plated rack to screw onto the wall, holding six rubber-capped, nickel-plated tubes into which the physician places six sterilized syringes, with needles affixed, and ready for use—thus having these instruments ready and handy at all times. Complete with six B-D Yale Low-Loak Syringes and six B-D Yale Rootless Steel Needles, 26G 1/2". Blue and silver gift box.

X301 - List \$2.00—is the same as above but without the syringes and needles.



B-D PRODUCTS  
Made for the Profession

## THERE ARE 49 GIFTS

practical and useful ones—described and illustrated in this newest B-D eight-page folder.

## YOUR DEALER HAS COPIES

of the folder and will be glad to show you one now or at any time when gifts are in order. Prices of these B-D gift suggestions range from \$1.00 to \$15.00.

**BECTON, DICKINSON & Co., RUTHERFORD, N. J.**



# Collecting money without asking for it

BY DAVID MORANTZ\*

One of the best collectors I ever knew once told me that the most effective collection letter he ever sent out did not even ask for remittance. Here's what is said:

Dear Mr. Miller:

Will you do me a favor?

I don't want to annoy you with useless letters. Yet I would appreciate being set right in the matter of your outstanding account.

All you need do is fill in and mail the attached postcard. It will take but a moment and should save much unnecessary time and trouble.

Thank you!

Sincerely,

Enclosed with this letter was a stamped, addressed postcard, carry the following copy:

Dear Dr. MacLean:

A check will reach you no later than.....

Signed.....

Although the card asked only for a date, it stimulated a surprising number of remittances by return mail, plus definite promises which later materialized into payments.

It is inadvisable, in my opinion, for a doctor to send out a collection letter until his patient has re-

ceived and disregarded two statements. Then a special appeal, such as the foregoing, is in order.

Further evidence that a collection letter need not always ask for payment has been found in the use of the following note. Sent to a list of debtors who had ignored several statements and letters, it brought payment in all but one case:

Dear Mrs. Baker:

Just why you have not favored me with a remittance to cover your account is not quite clear. Your reason for not doing so may be of such a personal nature that it is none of my business. However, I *would* appreciate learning when you expect to make payment.

Sincerely,

Then there is the letter that one creditor sent out to a list of accounts on which he had exhausted every collection effort and which he was ready to charge off to profit and loss. The letter is too long for reproduction here; but, according to its author, the following proved to be its main, result-getting paragraphs:

Judging from what I believe to be true of you as a man, the fact that you have not paid me can mean but one thing, namely: that you have been prevented by circumstances over which you have no control.

It would be an impertinence for

\*Manager, Morantz Mercantile Agency, Kansas City, Kan.; president, Kansas City, Kan. unit, National Retail Credit Association; author of book, *Proven Plans To Speed Collections and Timely Tips To Trim Office Overhead.*

me to inquire into those circumstances. They are a part of your own private affairs.

All I ask now is that you tell me *when* you will pay. Once you name a definite date, I know you will live up to it.

This letter asked simply for a promise to pay. But it brought in several hundred dollars cash, as well as any number of promises that eventually resulted in collections.

These three letters may easily be re-written to conform with your own personality and way of expressing yourself. Be careful of them, of course, (as you should be of any form letter) so that in each instance the message will be appropriate to the person who receives it.

## Location tips

Physicians have died recently in the following towns. Not all the towns are therefore promising places in which to locate. But they do merit investigation. Only those communities are included in the list which have populations of 50,000 or less and in which the ratio of physicians to population is reasonably favorable.

Names of these towns are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They constitute the most complete and up-to-date list available anywhere—due to the magazine's large circulation (more than 125,000 monthly). Also included are the names of towns submitted by physicians and laymen who state that their community needs a doctor. The names of such towns are followed by an asterisk (\*).

Data about the type of competition in a community, the financial status of the people, and general living conditions can best be obtained by a personal visit. MEDICAL ECONOMICS will gladly answer mail inquiries, however, about the population of any town, the number of physicians in it, and hospital facilities there.

FLORIDA: Fairfield, Plant City

INDIANA: Peru

MASSACHUSETTS: Manchester

MICHIGAN: Oxford, Wolverine\*

NEW MEXICO: Duran

PENNSYLVANIA: Derry, Limeport, Old Forge

WEST VIRGINIA: Sistersville

*Readers are cordially invited to submit names of towns in which vacancies for physicians have occurred. Address: MEDICAL ECONOMICS, Ruthertford, New Jersey.*



## Help Her Enjoy More Days of Outdoor Sports

**R&HVC**

by prescribing **HVC (Hayden's Viburnum Compound)**, a safe and long tested antispasmodic and sedative which contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

*Trial Sample with Literature to Physicians*

**NEW YORK PHARMACEUTICAL CO.  
BEDFORD SPRINGS BEDFORD, MASS.**

DEC. 4 1938

## 16 Years of Prescribing UVURSIN for Diabetes Testify to This Physician's Results



In 1922 he tried UVURSIN in one of his Diabetic cases with satisfactory results. He is still using UVURSIN in his practice and to date has ordered a total of 1266 packages.

This 16-year record testifies to the effectiveness of this oral dia-

betic treatment in a great number of different cases.

Written case results voluntarily sent us by thousands of physicians give proof of their satisfaction with UVURSIN.

UVURSIN is an ethical product that is worthy of your attention. Send for your trial package today. The coupon below will bring you a 27-day treatment without cost or obligation.

**ORAL • INNOCUOUS • EFFICACIOUS**

*Prepared for Prescription Purposes Only*



JOHN J. FULTON COMPANY  
88 First Street, San Francisco

Please send me 27-day supply of UVURSIN without cost or obligation.

Dr. ....

Street .....

City ..... State .....

# NEWS

DEC. 1938

## Socialized Funerals?

Socialized interment will be the next step in the Federal Government's Social Security program—if the National Funeral Directors Association has its way. For one-fifth of the population cannot afford adequate burial, claimed Vice President Charles W. Porterfield, of Holton, Kan., at the organization's annual convention in New York City.

Calling care of the "funereally-indigent" an "increasingly severe burden" upon the undertaking profession, he declared that "community responsibility toward the living should extend to the dead" through Government aid. Among those who heard his words were Leonard Calhoun, the Social Security Board's assistant general counsel.

## Wants New "A.M.A."

Reorganization of the American Medical Association on a "service basis" was demanded by Yale University's Prof. Charles Winslow at the American Public Health Association's annual meeting in Kansas City. Alleging that the A.M.A. can never function properly under its present setup, he suggested a new structure with hospital, not medical-society, units.

## Way of a Politician

Appraising aspirants for public office, New York doctors were recently baffled by Edward F. Corsi, U.S. Senatorial candidate. In a campaign speech, he violently assailed socialized medicine as a "government mo-

nopoly." Present plans to socialize medicine, he said, not only encroach on private practice but would damage the profession. Allegations that he supported socialized medicine, he shouted, were a "whispering campaign" cooked up by political rivals.

The same day that this was reported in the press, a metropolitan daily carried a full-page ad urging Corsi's election. In large block letters, it gave one of his platform planks as: "Health Insurance for All"!

## Dentists Doctors' Allies

Dentistry has aligned itself with organized medicine on the Federal-medicine issue. Convening not long ago in St. Louis, the American Dental Association approved all the principles of the proposed National Health Program, excepting that vital provision which would make possible compulsory health insurance.

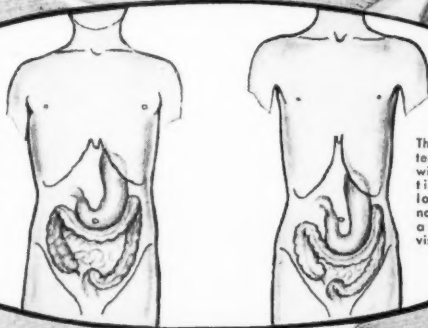
## Human Cavies

In a chair in Utah's State Prison yard sat John Deering, burglar, arsonist, and murderer. Nearby was Dr. Stephen H. Besley. Nobody knows, the latter told reporters, "the action of the heart at the time it is pierced by a bullet...when sensation ceases after bullets tear into the heart."

To find out, Dr. Besley had attached an electrocardiograph to Deering's wrists, the condemned man having agreed to cooperate. ("The only trouble," Deering complained, "is that I won't be able to see the picture.")

From behind a curtain, five men fired at the prisoner's chest. Deering crumpled. Dr. Besley observed carefully. When it was over, he said the electrocardiograph film had showed that the dead man's heartbeat jumped to 180 prior to the execution. It fluttered whenever an officer spoke. When he was asked for a last state-

Relations of  
stomach and  
colon in normal  
body type as  
contrasted with  
asthenic type  
(at right)



This type is of-  
ten associated  
with constipa-  
tion (Note  
long thorax,  
narrow costal  
angle, and  
visceral ptosis)

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Sal Hepatica aids the gastro-intestinal tract throughout its entire length. Mineral alkalines offset excessive gastric acidity without interfering with gastric function. The flow of bile into the duodenum is increased through cholagogic and choleretic action.

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### SAL HEPATICA

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ment, it leaped wildly, then calmed. It stopped 15.6 seconds after the gunfire.

Dr. Besley pronounced the experiment valuable to heart specialists. He said it demonstrated the effect of fear on the heart.

Meanwhile, in Los Angeles, Bob Gregory, wrestler, has offered to rent his body for scientific experiment. "I am perfect physically," he said. "I'm not afraid of germs. What a boon to medical science to have a perfect physical organism to experiment on, to extend the frontiers of medical knowledge, and perhaps save millions of lives!" He needs the money, he said, because his wife, the Princess Baba of Sarawak, has left him.

### "Medical Care for All"

When a radio station recently broadcast that dramatic sketch in which New Jersey was invaded by warriors from Mars, many listeners took the story literally. Among those who offered to aid the maimed and dying was the New York City Department of Health.

### Cabot-Mayo Phfft?

Since about October 1, Dr. Hugh Cabot has been absent from his accustomed place at the Mayo Clinic. The Clinic's explanation is that Dr. Cabot is "on leave until January 1." Rumors that the Mayos and the co-

operative-medicine zealot have parted company because of a "difference of opinion" have been termed "grossly erroneous" by Philip Cabot, the doctor's twin brother, in a statement to MEDICAL ECONOMICS. He said his brother is on a honeymoon. Asked whether Dr. Cabot would actually return to the Mayo Clinic on the first of January as scheduled, he revived the tradition of the Cabots speaking only to God by replying: "God only knows."

### Rising Sun Sets

When Anna Boylston walked into his tepee in a New York City office building, Chief Rising Sun knew she was a patient who would come back. She did—but brought a warrant for his arrest, charging that, without a license, he had posed as a heap big medicine man. In court, the prisoner surprised Miss Boylston by admitting that he was not a chief but Ira Alzamon Lucas; she reciprocated by confessing she was not a patient but a policewoman. The Chief was remanded to a new reservation—jail.

### Extend Care by Air

Australia's "flying buggy" doctors now cover every sparsely-settled section in that country. Addition of an airplane service at Alice Springs brings the Commonwealth's medical airports up to six. To them, rural

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Studies strongly suggest that more cases of rickets are in the incipient stage in November and December than during any other period of the year. Sound preventive measures, therefore, require forehanded attention in providing adequate Vitamin D.

Now, when the sun is on its annual vacation, and cold weather keeps infants and toddlers indoors, Foundation-licensed Viosterol products are a most needed antirachitic. Concentrated and tasteless, baby ingests Vitamin D unknowingly—tolerates Viosterol in oil perfectly. Combined with the calcium and phosphorus which milk supplies, the three most essential nutrients for bone and tooth development and growth are provided simply, surely, and economically,

and in a form that encourages the mother's ready co-operation.

Controlled manufacturing processes and regular bio-assays assure uniform potency for Viosterol in oil. It is produced by pharmaceutical houses of unquestioned integrity—Abbott, Mead Johnson, Park-Davis, Squibb, and Winthrop.

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City..... State.....

residents flash radio calls; from them, doctors fly to their patients. A similar service is advocated for Canada's frozen northwest territory by Dr. Emma Mary Johnstone.

## The Doctor's Slice

Seeking an index to the cost of treating the medically indigent, Nathan Sinai, Marguerite F. Hall, V. M. Hogue, and Miriam Steep recently tabulated medical relief expenses in ten Michigan counties. Their findings reveal wide local divergences; an average of 1.9 calls per illness; an average total cost for care (medical, dental, and eye care, hospitalization, nursing, drugs, surgical appliances, administration, and transportation) of \$17.09 per person. Of this, the doctor received (for home and office treatments) \$3.01.

## Mosquitoes' Revel

For the next few months, hungry malaria-carrying mosquitoes will dine in style at the Shelby County Hospital, Memphis, Tenn. Served to them will be the Tennessee State Hospital's 300 lunatics in a mass attempt to give the latter malaria fever and thus cure them of paresis.

## Lots of Contacts

A super-super communication system has been designed for Washington's new Doctors' Hospital, scheduled for

early construction. Besides the usual push-button, every room will have a speaker-microphone unit. This will permit two-way conversation between patient and nurse.

The delivery room will boast an emergency foot-pedal that will ring a bell at the obstetric nurse's station, light a corridor, sound a buzzer, and light a lamp beside the nurse's annunciator. All patients' rooms are to be connected with the kitchen by pneumatic tubes. Food will be shot through these in electrically-heated containers.

## Compensation-Law War

Revolts against the operation of State workmen's compensation laws are flaring in Indiana, Minnesota, and New York. Free choice of doctor and alleged "chiselling" by insurance companies are the issues.

The Indiana fight was provoked when a beneficiary was denied compensation because he insisted upon surgery by his own physician. The board ruled he was entitled to nothing, since he had turned down company doctors because of "lack of confidence." The State Appellate Court upheld the board.

A similar problem in St. Paul, Minn., has evoked the following opinion from the Ramsey County Medical Society: "The law gives free choice of physician to an industrial employee injured while at work...

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\*Story of Vitamin B, Tisdall, JAMA (1935) 105-1583

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Ralston is a delicious hot cereal made from premium whole wheat with coarsest bran removed. Then it is enriched with  $2\frac{1}{2}$  times the amount of wheat germ found in whole wheat. Wheat germ, as every doctor knows, is the richest natural source of vitamin B.

Wheat germ contains six or seven times as much vitamin B as eggs or ordinary whole cereal.



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Ralston costs only 25¢ for a 24-ounce package. Supplies approximately 45 International Units of vitamin B in each ordinary serving. It is available at grocery stores everywhere.

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One of the principal effects resulting from the administration of Angostura Bitters is the stimulation of the secretions of the digestive organs. Where these are deficient, the appetite is aided as are also the digestive processes... and patients are enabled better to assimilate their food. The discomforts due to faulty digestion are thus markedly relieved. Send for free booklet, "The Secret of our Digestive Glands."

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Given per os—not by injection—relieves pain, reduces swelling, improves motility by removing causes—not merely relieving symptoms.

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[In] many instances...an employee has gone to some other physician than the one designated by the company and the insurance company has paid the bill without objection."

In New York, the State Industrial Commission is investigating "chiseling" by insurance companies. The latter have been accused by the Greater New York Hospital Association of using "arbitration" to beat down just fees. Meanwhile, New York City's Beekman Street Hospital is appealing a court decision denying it the right to sue for a fee. The hospital maintains that legal action is the best means to "curb the chiseling...on the part of insurance carriers."

## What Price Syphilis?

With the nation's anti-venereal disease campaign coming to maturity, statistical mills are grinding out attempts at evaluation:

While the Assembly of Laboratory Directors and Serologists plot methods of making syphilis tests "more generally available," the Berkeley General [private] Hospital, Berkeley, Calif., has found one: Routine Wassermanns on every patient admitted, at \$1 each.

While Director Walter Clarke, of the American Social Hygiene Association, sounds the call for a "public health attack," Assistant U.S. Surgeon General Robert A. Vonderlehr asserts that one in every four syphilis cases cures itself. Of 400 patients known to have gone without treatment, he discovered that over 13% were free of the disease when later examined.

While the Washington (D.C.) Health Department maintains that 5.2% of the city's 1,349 beauty-shop operators have syphilis, the Board of Cosmetology, which licenses them, declares the District's 3,689 licensed beauticians are "free from...syphilis."

While New York City's Depart-

DEC. 4 1938

# Your Treasury



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Its acid reaction assures that it will not neutralize the normal gastric secretions and its *pleasant flavor and minimized toxic potentiality* make it notably suitable for prolonged treatment.

Gardner's Syrup of Hydriodic Acid contains *pure*, resublimed iodine (6.66 gr.) and gaseous hydrogen iodide (6.72 gr.) per fl. ounce. This formula not only provides a larger proportion of the iodine element than KI, NaI and other alkaline iodides, but has demonstrated marked efficiency in relatively smaller doses.

Specify "Gardner" in original bottles of either 4 or 8 ounces.

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ORANGE

NEW JERSEY

ment of Health, reviewing the first four months of its premarital blood-tests, announces that only 1.34% of those examined are positive, the American Social Hygiene Association interprets this as meaning that those aware of the infection avoid the test.

While the New Jersey Department of Health reports that its blood-test law has caused its marriages to drop 33% under the same period last year, Elkton, Md., American "Gretna Green," reveals that, due to its lack of examination requirements, its weddings have more than doubled over 1937.

If there are doubts about the campaign's value, there is none as to its cost. To the annual \$41,000,000 now spent on syphilis care, the U.S. Public Health Service's Philip S. Broughton would add appropriations of \$250,000,000 during the next ten years. This, he maintains, will supply every community with a trained staff, *free* blood tests, and *treatment* for all income groups.

### M.D.'s Royal Reception

When his daughter remarked on his resemblance to King George of Greece, London's Dr. Sydney G. MacDonald was amused. He did not find it funny, however, when a "short, dark, swarthy" young man confronted him on Bond Street; muttered unintelligibly in a foreign tongue; drove a knife into his shoulder, wounding him slightly; and then fled. Scotland Yard later revealed that the King of Greece was in town.

### First Aid to the Fair

In the name of first aid, the New York World's Fair of 1939 will provide sweeping free medical care for visitors. Eight medical "stations," with wards and surgeries, will be erected on the grounds; 40 physicians and 70 nurses will be on tap. A motorboat will pull the drowning

## *Forget the Litmus Reaction But Remember...*



### **SANMETTO**

Sanmetto is equally anti-septic in acid and in alkali urinary secretion.

Preliminary medication to prepare the urinary tract is unnecessary.

Administered orally, this time-honored formula of Sandalwood and Zea and Saw Palmetto is simple to prescribe, palatable, with no disagreeable or unpleasant by-effects.

Added to these advantages SANMETTO encourages prophylactic diuresis, soothes the inflamed genito-urinary mucous membranes, decreases discomfort and assists healing.

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out of the nearby bay; a resuscitation ward will treat asphyxiation cases; all doubtful cases will be x-rayed to prevent malpractice suits. Among the services will be respirators for "hangovers," chest x-rays, and complete deliveries. Some 40,000 are expected to receive treatment during the Fair's first six months. Of these, the "indigent" will ride in air-conditioned ambulances to the city's hospitals, where they will be guests of the metropolis.

## No More Caries?

After testing the saliva of 1,000 Annapolis midshipmen, two brothers believe they have found the cause of tooth decay. They are Lt. L. J. Belding, U.S. Navy physician, and P. H. Belding, dentist. The brothers Belding report isolation of a streptococcus nurtured by corn, wheat, and oats. Fermenting, in the saliva they say, these foods form acid that attacks dental enamel. They comment: "We do not advocate...deletion of cereals from the diet but...suggest...removing or inhibiting the offending carbohydrate fractions prior to human consumption."

Hearing the news, the Greater New York Bureau for Dental Information said it was "merely...hopeful and interested."

## Under the Swastika

Hitler has lifted the German doctor from the status of a glorified plumber to that of a professional man. So maintains Berlin's Dr. Karl Haedekamp in the *British Medical Journal*. Nazi regulations cited by Dr. Haedekamp are:

Every physician must do postgraduate work every five years. Courses are organized throughout the Reich by the Medical Chamber. Country, town, and city practitioners have separate classes, as do specialists.

With rare exceptions, a doctor may have only one office. Assistants may not be retained without permission. Partnership is *verboten*. G.P.'s, surgeons, and gynecologists must live where they practice.

Over 28% of the profession are specialists. To combat this overspecialization, the patient is required to consult, and accept the decision of, a G.P. as to his need for specialized treatment.

## \$50 Weekly in Soviet

Top wages for doctors under Russian state medicine are \$200 a month. Dr. R. M. De Hart disclosed in an address before the Christiansburg (Va.) Rotary Club. Dr. De Hart, who visited Russia in 1936, declared that all Soviet physicians are on salary and belong to unions.

## Alien M.D.'s Lose, Win

Iowa's private practitioners are safe from foreign competition. There the Board of Health has ruled American citizenship a prerequisite to the practice of medicine in the state. The Iowa State Medical Society's House of Delegates has endorsed the action.

Not so protected are New York's doctors. Although its State Board of Regents declared some time ago that alien M.D.'s must pass an examination (similar to that required of American medical-school graduates), Supreme Court Justice Sydney Fos-

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Harmless and Effective

Confirmed by clinical work



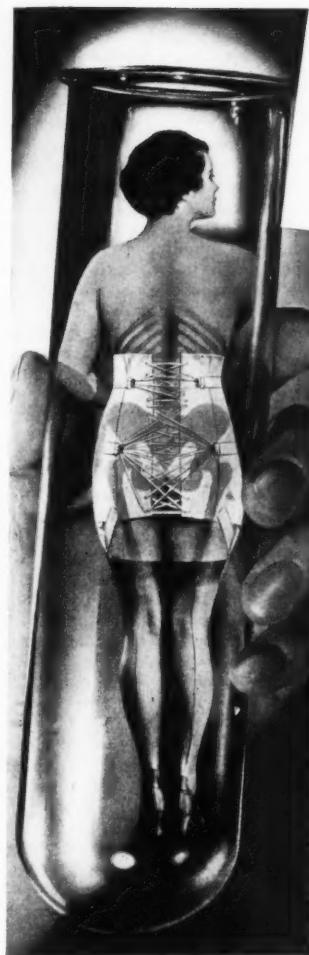
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The anatomical correctness of each Camp garment is assured through the cooperation and advice of specialists in each branch of the profession. For example, the sacro-iliac support illustrated was designed and constructed on advice of leading orthopedic specialists. Camp Maternity Supports are the result of constant research work and consultation with obstetricians. Camp Supports for other conditions are based on similar expert knowledge.

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ter has countermanded the ruling. Says he: "The Regents' rule...fixed a standard beyond that contemplated by the Legislature." It is the Board's duty, he proclaims, to "endorse the petitioner's license if he submits satisfactory proof that the same was issued upon requirements substantially equivalent to those...in this State...and...that he has practiced lawfully and reputably for the prescribed period."

The order affects 100 medical emigres seeking licenses.

## Society Officers' Oath

Candidates for offices in the St. Louis (Mo.) Medical Society would have to attest their professional connections in writing, under a regulation being considered by the organization. The amendment, according to its sponsors, would not bar those with lodge practices and other frowned-upon associations; it would merely serve as a guide to members when casting their votes.

## Hoosiers Bare Quackery

Like love, popular fallacies defy time and place. Some of Indiana's, as exposed at the state medical society's annual meeting in Indianapolis, are that rocking an empty cradle will kill the baby; and that measuring a baby will make it grow. To forestall nosebleed, wear a red-flannel string; to induce measles, a corn cob.

## Medical Medal to Press

Tribute was paid to the influence of the press in medicine as the New York City Cancer Committee award-


ed the Clement Cleveland Medal to the National Association of Science Writers. The medal was presented for "outstanding work in the campaign to control cancer." Bestowing it, Mrs. Robert G. Mead described the "powerful weapon of safe publicity" as a "shining sword of tremendous value." Accepting for the Association, William L. Laurence of the N.Y. *Times* asserted that modern writers are acutely conscious of their responsibility in presenting medical news. Commenting on the award's significance, the *Times* said: "Science is a social force. Its methods, its achievements, its effect on our civilization need the kind of interpretation that politics and economics receive."

## Federal-Rule Days?

Minor echo of the demand for a national health program is the cry of educators for more medical care for school children. On the basis of a 0.4% incidence of tuberculosis among its high school students, New York City's Board of Education expects to erect a permanent anti-tuberculosis program.

In the same city, a health-education director advocates physical examinations for every pupil; in Washington, D.C., where they have such examinations, Principal Hugh S. Smith, of Jefferson Junior High, charges "little is done" about the findings.

Alarming to private practitioners are solutions like that of Dr. Max Seham, University of Minnesota pediatrics professor. To state welfare workers, meeting in St. Paul, he recommended that the Federal gov-

	for Prompt Choleric and Cholagogue Action
	Its clinical efficacy and its reasonable price have made Duochohol the preferred medication of many physicians in hepatobiliary disease. Send for sample.
	THE PAUL PLESSNER CO., Detroit, U.S.A.



## The Buffer Mechanism in Alka-Seltzer

This is the 10th in a series of laboratory and clinical experiments to confirm the value of Alka-Seltzer as an aid to the quick relief of certain minor, everyday symptoms for which medical attention is not usually sought or needed.

Previous experiments have shown that the analgesic in Alka-Seltzer is presented in the form of an acetylsalicylate (Exp. No. 1); that Alka-Seltzer exerts a local antacid effect in the stomach (Exp. No. 2); that it provides a systemic alkalizing action after absorption (Exp. No. 3); that it tends to hasten gastric emptying time in cases of persistent gastric hyperacidity (Exp. No. 4); that it helps to relieve gastric hyperacidity following alcohol consumption (Exp. No. 5); that it is more rapidly evacuated from the stomach than plain aspirin (Exp. No. 6); that it dialyzes more rapidly than aspirin suspensions (Exp. No. 7); that single doses of from 10 to 20 grains of acetylsalicylic acid as aspirin or Alka-Seltzer exert no demonstrable untoward effect on the heart (Exp. No. 8); that Alka-Seltzer reduces the acidity of the urine (Exp. No. 9).

### RESEARCH PROBLEM NO. 10

To Determine the Comparative Rates of Hydrolysis in Acid Solutions of Sodium Acetylsalicylate Prepared by Neutralizing Acetylsalicylic Acid with Sodium Bicarbonate and of the Sodium Acetylsalicylate in a Solution of Alka-Seltzer

**Experimental Method.** The sodium acetylsalicylate was prepared by adding 200 mg. of sodium bicarbonate to 300 mg. of acetylsalicylic acid. This amount of sodium bicarbonate is 48 per cent in excess of the quantity of this alkaline salt necessary to neutralize 300 mg. of the acid but this excess was found necessary to prevent formation of acetylsalicylic acid due to hydrolysis of the sodium acetylsalicylate at room temperature. A solution of the mixture of these two compounds in distilled water, made up to

100 cc. after effervescence, was found to have a pH of 6.78, and at this time the solution contained no free acetylsalicylic acid.

A solution of Alka-Seltzer was obtained by dissolving one tablet in water and after effervescence had subsided diluting to 100 cc. This solution was found to have a pH of 6.93, no free acetylsalicylic acid being present.

In order to determine the comparative rates of hydrolysis by HCl, varying amounts of 1.0N hydrochloric acid were added to the solutions of sodium acetylsalicylate and these mixtures were incubated at 37° C in a water bath; during incubation the tubes containing the sample were shaken uniformly in an oscillator making 40 oscillations per minute through an arc of 8 inches.

**Results.** From the data obtained in a lengthy series of experiments it was found (1) that the rate of hydrolysis of sodium acetylsalicylate in a solution of Alka-Seltzer to which HCl had been added is at most not more than one-fifth of that found for this salt prepared from an excess of sodium bicarbonate added to acetylsalicylic acid; (2) experimental results indicate that Alka-Seltzer in solution contains an efficient buffer mechanism capable of protecting the sodium acetylsalicylate against hydrolysis by hydrochloric acid within a wide range of concentration; (3) experimental findings indicate that the end products resulting from dissolving an Alka-Seltzer tablet in water are sodium acetylsalicylate and sodium citrate and that the latter serves as an efficient buffer against hydrolysis.

An Alka-Seltzer tablet dissolved in a glass of water makes a sparkling, effervescent solution which helps to give relief from "sour stomach" brought on by indiscretions in eating and drinking and helps to relieve such minor symptoms as headache and discomfort accompanying the early stages of a cold.

**MILES LABORATORIES, INC.**

Offices and Laboratories: Elkhart, Indiana

No. 11 of a Series

ernment administer child health needs. To professional hecklers, he said his proposal is "not socialized medicine," but "limited state medicine."

Among the alarmed is the Westchester County (N.Y.) Medical Society. Two of its latest resolutions are designed to protect private practice in relations with schools. They provide: "That no school physician should...give more than...emergency care...to...pupils injured on school property; that subsequent treatment should be...by the...family physician; that...contracts submitted by members to the society...will not be approved...unless...in conformity with these policies; that school physicians should not...examine employees...as part of their...duties but...the Board of Education should...contact...the local medical profession...to work out...arrangements acceptable to...school...employee and...physicians."

## Hitler a "Good Patient"

To Nazis, Hitler may be a superman. But to Karl von Eicken, his doctor, he is simply "a good patient." Before the Interstate Postgraduate Medical Assembly at Philadelphia, Dr. von Eicken related how he operated on the dictator's throat. His diagnosis was a "simple polyp" on a vocal cord. But Hitler, he said, "wouldn't believe me" [chief otolaryngologist at the University of Berlin] because "well-meaning friends" had informed him he had cancer. The surgeon added that Der Fuehrer

normally sleeps only four or five hours a night; but, under morphine after the operation, did not wake for fourteen hours.

"I was quite concerned," said Dr. von Eicken.

## Third Term Donkey?

If President Roosevelt is elected to a third term, socialized medicine is inevitable. So predicted Abraham Epstein, executive secretary of the American Association for Social Security and author of the Epstein Bill for state medicine, in an address at Hempstead, N.Y.

## A Diagnosis in Time

His diagnosis of his own illness explains why a Salinas, Calif., physician is free today. Facing jail for alleged theft, Dr. Jaime de Angulo pleaded that confinement in a "closed place" would be hazardous because he suffers from claustrophobia. The court was convinced, let him prescribe probation.

## For Fever Therapy

Impelled by the "sacred thought of womanhood to comfort the sick," Illinois fever therapists have organized their "2,000-year-old art" into the National Association of Fever Therapy Technicians, Inc. Membership is of two kinds: Class A, for experienced graduate nurses who can pass the association's examination; Class B, for anyone interested in fever therapy who can pay the \$10 annual

**Mu-col**

### FOR SENSITIVE MEMBRANES

Make clinical test of MU-COL. Non-irritating, non-corrosive, non-poisonous, a balanced saline-alkaline bacteriostatic and detergent with marked soothing and healing properties.

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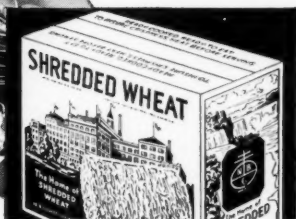
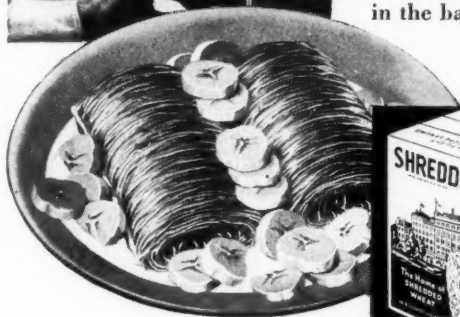
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*more\* for your money*



**IN BALANCED FOOD VALUES**

\*Shredded Wheat is 100% whole wheat — outstanding among grains for the *balance* of food elements essential to all 'round nourishment. An excellent diet recommendation for your patients — and a delicious, appetizing breakfast in the bargain!



# SHREDDED WHEAT

**HELPS BUILD ENERGY**

The Seal of  
Perfect Baking



SHREDDED WHEAT IS A PRODUCT OF NATIONAL BISCUIT COMPANY



In cardiac medication the physician demands every available safeguard, including that accuracy which can be obtained only by using every possible manufacturing checkup.

Digitalis Duo-test "McNeil" is tested by both the U.S.P. frog method and the Reed-Vanderkleed guinea pig method. Application of both tests before and after manufacture and at periodic intervals acts as a check on any possible deterioration and results in the production of a dependable and uniform digitalis preparation.

Digitalis Duo-test "McNeil" is so carefully manufactured and standardized that it can be used to test the patient's reaction to digitalis.

### How Supplied

1 gr. and 1½ gr. capsules (black) —bottles of 100, 500 and 1000.  
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 1 gr. and 1½ gr. tablets (plain and enteric coated)—bottles of 100, 500 and 1000.  
 Tincture (U.S.P. strength)—bottles ½-oz., 1-oz., 4-oz. and 1-pint.



**McNeil Laboratories**  
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dues. The Association sees "a crying need" for more fever therapy and more jobs for fever therapists, the latter to be attained through "education of the medical profession... hospitals and...public."

### Urges Educational Union

What medical education needs is standardization, according to Dean Willard C. Rappleye, of Columbia University's College of Physicians and Surgeons. He proposes a central educational council, comprising representatives of private practice, medical schools, hospitals, specialty boards, state licensing departments, and public health agencies. His plan calls for a body without administrative powers but serving as "a central clearing house... dealing with all features of medical education."

### "Blacklist" Jailed

For allegedly threatening to "list" Dr. Alton Ochsner, of the Tulane University School of Medicine, as a Jew, Joseph Hahn-Korff went to the New Orleans lock-up. Police claim Hahn-Korff, a German and secretary of the "League for the Restoration of Aryan Supremacy in America," sent the physician a post-card reading: "An effort is being made for the benefit of unsuspecting Gentiles to list all racial Jews in this territory. Your name as well as your character

### For the Eyes

Following eye injuries, to relieve catarrhal affections of the eye, strain and irritation caused by wind, dust and bright lights—Free sample from The DeLeeton Company, Capitol Sta., Albany, N. Y.



**OPHTHALMIC**  
**Solution No. 2** <sup>SS</sup>  
(Sol. Oxyganide of Hg.c Zinc)

## FRUITS AND ACIDOSIS

Fruits are good but not practical for systemic alkalization. The patient whose condition is complicated by acidosis needs a more prompt effect than diet alone can give. His otherwise restricted food intake cannot be increased by an abundance of fruits and vegetables.

Systemic alkalization is made convenient and practical by ALKA-ZANE. In a palatable effervescent salt it supplies sodium, potassium, calcium and magnesium as citrates, carbonates and phosphates—the most assimilable forms of these salts. They assure quick action—economically. No sulphates, lactates or tartrates to interfere with results; no sodium chloride to lessen the effect. With Alka-Zane the alkali reserve is quickly replenished and satisfactorily maintained at its normal level.

Let us send a trial supply. A request on your letterhead will bring it. Alka-Zane is supplied in bottles of 1½, 4 and 8 ounces.

William R. Warner & Company, Inc.  
113 West Eighteenth Street, New York City

# ALKA ZANE



suggests, according to testimony by former associates of yours, that you are either 100% or partly Jewish. Should you fail to produce convincing evidence to the contrary within a reasonable time you will be listed as above. N.B. We are not interested in your religious denomination."

The charge against Hahn-Korff is "sending defamatory and scurrilous matter through the mails."

## His "Devil" was Disease

According to tradition, Martin Luther tossed an inkpot at Satan out of righteousness. But according to Dr. Walter E. Dandy, Johns Hopkins Hospital brain surgeon, Luther did it because he had Meniere's disease and "the devil was in his ear." Another famous victim of the ailment was Jonathan Swift. Dr. Dandy told the Philadelphia meeting of the U.S. chapter, International College of Surgeons.

## Jury Okays Euthanasia

Harry C. Johnson killed his wife. He piped illuminating gas into her room in their Hewlett, N.Y., home, saw that it was effective, then notified police. To them, he explained that he had saved her from slow death by cancer. The jury that heard his story failed to indict. Johnson was released and removed to a professional building for treatment for a serious heart condition. He did not kill himself.

## Sport for Spots' Sake

Leper will meet leper in an epic struggle in the Philippine Islands this month. With local health au-

thorities approving, a team of leprosy patients from Manila's San Lazaro Hospital will invade the stronghold of their traditional rivals, the Culion Island Colony, for a track meet. Enthusiastic rooters for San Lazaro—from a distance—will be the American Chamber of Commerce of the Philippines.

Not so festive is the announcement from Singapore, site of the British Empire's largest leprosy hospital, that one person in every 500 of the globe's population is leprosy. Of these, Dr. Gordon R. Ryrie, the hospital's superintendent, declares that not 2% receive medical care.

## Samples Go to War

Cooperation of the medical profession in a drive to halt the unethical distribution of drug samples is requested by E. A. H. King, secretary to the Pharmaceutical Advertising Directors Club. An investigation by his organization, he declares, shows that many samples systematically collected from physicians in a large city are sent to the Spanish Loyalists. "Steps are being taken to put a stop to this practice," King warns.

## Boosts Bibliotherapy

The doctor should supervise his patient's reading. Dr. Gordon R. Kamman, University of Kansas neurologist, informed the American College of Surgeons' Congress in New York City. In many illnesses, he warned, reading the "wrong" book may cause a turn for the worse. Said he:

"To allow outsiders to supply patients with reading material unsupervised is as bad as allowing them to

# PILKA



# for COUGHS

Send for  
Free Sample



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P. O. Box 188  
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DEC. 4 1938

## "All Cleared Up, Doctor"



Tilden's DANISH OINTMENT has been prescribed alone in the treatment of COMEDO and PUSTULES caused by DEMODEX FOLLICULORUM and has obtained improvements almost unparalleled in dermatologic therapy. This is the record of the ORIGINAL DANISH OINTMENT, manufactured and trade-marked by The Tilden Company. While successful in certain forms of Acne, DANISH OINTMENT has been best known as the 24 hour treatment for Scabies.

Requests for literature from physicians will be honored.

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*The Oldest Pharmaceutical House in America*

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**TILDEN HAS KEPT FAITH WITH PHYSICIANS**

## SEE for yourself . . .

*the far greater detail this screen brings out*

A Fluoroscopic Screen is one piece of equipment which the doctor does not have to buy on faith. He can try out any screen before purchasing.

Therefore, we urge you to have the Patterson Type B Fluoroscopic Screen demonstrated in your office—or put this screen in your frame for a week or two and give it a thorough trial. We know how much more brilliant this screen is. But you be the sole judge.

Also investigate other outstanding advantages: 1. Operation at lower voltages and milliamperage; 2. Reduction of exposure; 3. Reduced wear



and tear on equipment; 4. Apple-green color which is easy on the eyes.

Roentgenologists everywhere advise that Type B is the brightest fluoroscopic screen they have ever used.

The Patterson Screen Co., Towanda, Pa.

# Patterson



Intensifying **Screens** Fluoroscopic

### *Your Dealer Will Gladly Cooperate*

Ask your dealer about this Fluoroscopic Screen. Have him make a demonstration right in your office or ask him to leave a screen in your frame for a week or two—without obligation.

# GONOSAN

for  
URINARY  
INFLAMMATION

## BLAND-ANALGESIC DEMULCENT

To the palliation of distressing symptoms, Gonosan (Kava Santal "Riedel") applies the sedative, demulcent, anti-phlogistic properties of purest East Indian sandalwood oil (80%) and the anaesthetic action of selected kava-kava resins (20%).

**Acute and Chronic Cystitis:** A noted urologist, speaking specifically of Gonosan, stated that, "In cystitis especially, it acts as a sedative to the vesical nerves, causing the dysuria to vanish."

**Gonorrhea:** Gonosan reduces the discharge, minimizes pain, soothes irritation and checks chordee. It inhibits the development of the gonococcus and tends to limit the spread of infection and complications.

## NON-TOXIC

Unlike the reported experiences of newer preparations, there has never been a single instance reported of grave toxic reactions from Gonosan (Kava Santal "Riedel") in the many years it has been prescribed by the profession.

### INDICATIONS

Gonorrhea, Cystitis, Vesical Catarrh, Prostatitis, Epididymitis, Urethritis, Ureteritis, Pyuria, Pyelitis, Pyelonephritis, Nocturia, Post-instrumental pain.

RIEDEL & CO., Inc., Brooklyn, N. Y.

## WELL TOLERATED

bring the patient his...medicine. To allow patients to read without supervision is analogous to allowing a diabetic to eat indiscriminately. Reading must be prescribed...just as...medicines, physiotherapy, occupational therapy, and diet are prescribed."

He urged that hospitals maintain librarian "bibliotherapists" to consult with staff members on prescribed patient reading.

## Medical Merit System?

The Civil Service Assembly—national organization of civil service employees—is investigating the possibilities of group health clinics for its members. According to a resolution adopted at the Assembly's annual conference in Washington, a committee will "assemble...data regarding group health plans...develop model arrangements...and..."



## "Let's Look at the Record"

ALKALOL was first compounded in 1897. IRRIGOL was introduced in 1908.

Ever since, The Alkalol Company has been loyal to the medical and dental professions and has built its business solely through the endorsement of physicians and dentists.

### No other methods ever employed.

It is a fact that our business has grown and we believe that this is certainly evidence that thousands of doctors have discovered that ALKALOL and IRRIGOL can be unhesitatingly used and recommended.

May we send you samples of Alkalol and IRRIGOL?

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bring such...proposals to the attention of...members." The reason ascribed for the action is that private medical care is "too expensive for...those who work for wages."

## Blasts Health Insurance

When New York State proposed a revision of its constitution to permit compulsory health insurance, the Accident & Health Club of New York appointed a committee to investigate the subject. It reported:

"The plan last submitted in this State...included all dependent members within the worker's household...The English plan covers only the worker...This would increase the cost of the New York plan many times that of the English...The experience of foreign countries offers no hope that...such a plan would result in better health...In...countries which have compulsory health



## CEANOTHYN

*the orally administered hemostatic*

Capillary bleeding can be readily controlled when the clotting time is shortened with Ceanothyn, the alkaloidal extract of *Ceanothus americanus* (alcohol 10%).

As a prophylactic, pre-operative measure, or as a post-operative remedy, administration of Ceanothyn has given uniform results in clinical application for more than thirteen years.

Indicated in menorrhagia, bleeding ulcers, epistaxis, tonsillectomy, and a great number of similar conditions, Ceanothyn is a widely useful, easily-administered therapeutic agent.

May we send you a sample for clinical trial?

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*Prepared and  
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VEN-APIS, biologically prepared and standardized venom of the honey-bee, is indicated for Muscular Rheumatism, Neuralgias, Acute and Chronic Arthritis, etc. Painless, efficacious and well-tolerated. Being used by leading clinics and institutions. Write for Booklet No. 3.

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Pharmaceutical Chemists  
Since 1886

## VEN-APIS

insurance, periods of disability have lengthened. . . medical care has tended to deteriorate. . . an expensive and bureaucratic machine has been created, and a financial burden. . . put upon. . . workers, employers, and taxpayers. . . out of. . . proportion to. . . benefits."

## Doctors Dramatized

Two movies and two plays reflect keen current interest in the medical profession. Most publicized of these is the picturization of Dr. A. J. Cronin's novel, *The Citadel*. Technically well-done, the film has this difference from the book: Whereas the book was an attack on British panel practice, the movie makes a clear appeal for socialized medicine. In the film, Dr. Andrew Manson's career as a private practitioner is made to seem a combination of money-grubbing and quackery, preparing the audience's mind for a climax in which the hero pleads eloquently for socialization of health services.

The second picture is *Young Doctor Kildare*, the story of a physician who disappoints his doctor-father by refusing to hang up his shingle at home. Instead, he takes an internship in a large hospital, where his first day on ambulance service involves him with an heiress-patient, almost blasts his career, eventually puts him on the road to fame as a diagnostician.

One of the plays, *Case History*, is Dr. Louis S. Bardoly's contribution to Broadway. It deals with Christian Science versus medicine. Thinking that the ideas of Mary Baker Eddy have cured her daughter, the central

character lets her stepdaughter die without medical care. Afterward, she repents so hard that she becomes a disheveled alcoholic. This provides an opportunity for the understanding Dr. Jim Baker to save her by advising that a little Christian Science may be all right after all.

Dr. Charles C. Dennie's *The Doctor's Debacle*, a glimpse of medicine in the future, got an enthusiastic reception when presented before the Kansas City Southwest Clinical Society. The author plays the lead of "Cocky Doc," political appointee in charge of Federal Clinic No. 102. "Cocky Doc" works on the principle that "I can hire all the doctors I want for \$125 a month and play golf every afternoon—so why not?" When he does break down and do a little work, he sets his colleagues an example by prescribing for 135 patients in a single 25-minute period. To those with headaches he gives blue prescription slips; to those with sore throats, purple. Sufferers with mumps are told to go home and lie down. A badly-injured patient is brought in, but "Cocky Doc" is too busy to look him over. When a social worker protests that the man is dying, the patient confirms it by falling dead.

## Lighten Patient's Lot

Two new boons to patient comfort are a featherweight respirator and a "suspension hammock" for broken collarbones. The former is the invention of Dennis R. Scanlan, of St. Paul, Minn. Fashioned of aluminum and rubber, it weighs only 9½ pounds, as compared to the "iron

HEP VISC

• REDUCES BLOOD PRESSURE

• RELIEVES THE SYMPTOMS

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WIN ONE OF THESE

# Cash Awards

## Medical Economics' 4th annual Article Contest

For the most helpful article written by a physician on any topic pertaining to the business or personal side of medicine, Medical Economics will award a first prize of \$50.00 in cash. For all other articles deemed acceptable, it will award cash prizes of \$30.00, \$20.00, and \$10.00, the amount of the prize in each instance to depend upon the judges' evaluation of the article.

Articles may be either signed or anonymous. The purpose of the contest is to stimulate constructive thought and to bring to light sound, practice-building ideas from which the medical profession at large may benefit.

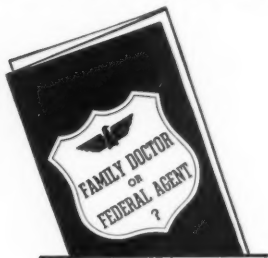
Word limit: 500-2200 words. In view of the shortness of the articles, it is recommended that each one discuss only a limited phase of its subject. Manuscripts should be typed, triple-spaced, and written on one side of the paper only. None will be returned.

The editors of Medical Economics will decide the winners and notify them by mail. There is no limit to the number of articles a contestant may submit. Manuscripts must be received by noon, February 15, 1939. Address entries to the Contest Editor, Medical Economics, Rutherford, N. J.

**First award \$50. Plus an unlimited number of \$30, \$20 and \$10 prizes.**

# PAMPHLETS ON Socialized Medicine

*For Distribution to Your Patients*



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available at cost: 25c per carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use. No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups. Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

lung's" 900. Covering only the patient's chest, it enables him to sit up, feed himself, read, and carry on other normal activities.

The "suspension hammock" was developed by Dr. Roger Anderson, Seattle, Wash., bone specialist. Resembling half an armor breastplate, it is strapped to the patient's side. Its iron "U" slips under the patient's arm; the armpit being supported by a rubber sling. Although the shoulder is held immobile, Dr. Anderson claims, the arm can be moved freely and painlessly.

## W.P.A. Backs Mad Art

For over three years, W.P.A. teachers have been encouraging Bellevue Hospital (New York City) psychopathic patients to paint and draw. The result is 106 "masterpieces," exhibited recently under W.P.A. Art Project sponsorship. The work was grouped by "case types"—i.e., the schizophrenic school, the manic-depressive movement, alcoholic art, etc. Psychiatrists are excited by their discovery that certain mental types favor certain colors and forms. The project, the W.P.A. claims, aids diagnosis and treatment of patients "whose repressed behavior leaves their inner thoughts a mystery." Esthetic critics are divided as to whether they were not better left thus.

## Hopheads' Heaven

In 1924, one American in every 1,000 was a drug addict. Today, announces U.S. Narcotics Commissioner H. J. Anslinger, the ratio has been reduced to less than two in every

## THE "HISTACOUNT" BOOKKEEPING SYSTEM

CAN BE STARTED AT ANY TIME BUT THE BEST TIME  
TO START IS ON THE FIRST DAY OF THE NEW YEAR

FREE SAMPLE FORMS  
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# HUNDREDS OF THEM



*But*

## KONDREMUL

(CHONDRUS EMULSION)

*Stands out*

Kondremul stands out from the hundreds of correctives and "cures" for constipation because:

It is a fine emulsion of mineral oil in Irish Moss (*Chondrus crispus*). The tough film around each globule helps maintain a smooth, stable emulsion.

It mixes perfectly with the fecal mass and functions as a regulative corrective.

—The danger of leakage is minimized.

Kondremul is available in three forms:

**KONDREMUL with Phenolphthalein**—contains 2.2 gr. phenolphthalein per tablespoonful. The combined laxative regulative.

**KONDREMUL with Cascara**—has the tonic laxative effect of non-bitter cascara.

**KONDREMUL Plain**—contains 55% mineral oil. A corrective for deficient bowel action.

### THE E. L. PATCH COMPANY

BOSTON, MASS.

THE E. L. PATCH COMPANY,  
Stoneham P. O., Boston, Mass. Dept. M.E. 12

Gentlemen: Please send me clinical trial bottle of

☐ KONDREMUL with Phenolphthalein

☐ KONDREMUL with Cascara

☐ KONDREMUL Plain  
(Mark Preference)

Dr. ....

Address ....

City ....

State ....

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 237, Montreal—producers and distributors of Kondremul in Canada.

10,000. Utah's rate of .519 per 10,000 is the nation's lowest; Oklahoma's 3.28, the highest. During 1937, Anslinger reports, 34 physicians lost their licenses through narcotics violations or addiction.

This drop has not deterred Federal officials in their anti-narcotics drive. Early last month, for example, 300 addicts were moved into handsome quarters at the Public Health Service's new \$4,000,000 hospital at Fort Worth, Texas.

## The Dynasty of Knapp

When Hiram L. Knapp 5th enters practice, the medical tradition of the Knapp family will enter the sixth generation. The original Dr. Knapp practiced in Bradford County, Pa., in the 18th century. Fifteen of his 21 children became physicians or dentists. His eldest son was Hiram 1st, whose grandson, Hiram 3rd, still practices in Newark Valley, N.Y. Two of his sons—Hiram 4th and Lester S.—are physicians, and two—Paul C. and Robert G.—are dentists. Hiram 5th is now a student at Buffalo Medical College.

## Analyzes Psychoanalysis

A "purge" of psychoanalysis by the medical profession is asked by Dr. Edward A. Strecker, University of Pennsylvania Medical School psy-

chiatrist. Before the Philadelphia College of Surgeons, he subjected the psychoanalysts—long accustomed to making unpleasant analyses of others—to a frank going-over.

Psychoanalysts, he said, are divorced from the rest of the profession because they confuse theory and fact; speak a language "unnecessarily strange"; adorn their field with "symbolic gingerbread."

## Mencken on Morons

Along with leprosy, sprue, and anemia, H. L. Mencken attracted professional attention at the recent Duquesne University Medical School symposium on medical problems. In an interview, the critic turned his very sledge-hammer on free care, which he termed "brutally anti-social." Closing the Johns Hopkins Hospital clinic, he charged that 39.5% of its maternity patients were "seriously defective and feeble-minded." He said:

"Women...delivered of pathological specimens today are...daughters of pathological specimens...delivered...twenty years ago. Twenty years hence *their* daughters will be back...with more syphilitic babies...to baffle the...schoolma'am...jails and booby hatches. The bands and lovers...give their custody to the alcoholic and syphilitic war. Both...are fed, housed...kept in radio-tubes and gasoline at the cost



# IN CONVALESCENCE

THIS table shows the results obtained by the administration of Eskay's Neuro Phosphates to 100 typical convalescence cases over a four weeks' period.\*

SYMPTOMS	Cases in Symptom Group Described Number	Patients Improved	
		Number	%
<b>APPETITE</b> Anorexia—Loss of Weight	87	73	84
<b>WEAKNESS</b> General Debility—Fatigue—Weakness	100	87	87
<b>NERVOUS</b> Nervousness—Insomnia	61	53	87

It demonstrates that Eskay's Neuro Phosphates is of real value in those clinical symptoms for which a tonic is usually prescribed.

\*Topical Therapy (Lond.) October, 1936.

## ESKAY'S NEURO PHOSPHATES

A Palatable and Efficient Tonic

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## SECONDARY AND NUTRITIONAL ANEMIAS Respond to



### McKesson's Copper-Iron Compound

Manufactured under license from the Wisconsin Alumni Research Foundation, Hart Patent No. 1,877,237.

Address Dept. ME12 for Professional Sample  
McKESSON & ROBBINS, Inc.  
New York BRIDGEPORT Montreal

## COLLECT YOUR OWN ACCOUNTS

with this

## FREE SYSTEM!



The plan is simple. You mail the notice to your patients exactly as you do your statement.

It works miracles. Checks arrive with apologies, patients whose bills kept them away return to settle—and come back for treatment. Thousands of physicians testify to these benefits.

The system is yours for the asking. No charge of any kind. And you may have as many more as you can use on the same basis.

### ARROW SERVICE,

Arrow Bldg., Schenectady, N. Y.

Send me, free of charge, your Physicians' Collection System.

Address....., M.D.

City..... State.....

of clean, decent, and industrious people. On Election Day, they are early to the polls. . . Guess how they vote. . .

"How long," he asked, "are we to endure a raid on the public health and public solvency that increases in sweep and boldness every year? What is the end to be if it becomes steadily more comfortable to be a hog than. . . a man?"

Johns Hopkins officials admitted Mencken was "technically correct."

## Tampa's Troubles

Whether it's oranges or hospitals, Florida has the best. That, in substance, is the reply of the Tampa Municipal Hospital Board to the demotion of their institution by the American College of Surgeons from complete, to provisional, approval. In a scathing note to the College recently, Board Member G. C. Rankin said:

"Organized medicine in this city [was] knocked cold. . . when it came out. . . that the Tampa Municipal Hospital had been placed on the provisional list. . . I wrote. . . requesting that . . . your organization. . . outline a program. . . that would. . . maintain the. . . rating. . . we then possessed. . . We even went so far as to offer to pay the expenses of one of your representatives. . . but nothing was achieved. . . There must have been. . . influence . . . for a selfish purpose. . . Let me. . .

### For the Nose and Throat

Produces a mild hyperemia, increases serous discharge with leukocytes, and improves ventilation. Promptly relieves head colds and helps to prevent complications—Free sample from The DeLeaton Company, Capital Sta., Albany, N. Y.



## OLIODIN

(Iodized Oil Compound)



appeal to you in the spirit of fair play to send us a representative at our expense, so that any constructive suggestion can be put into effect and the hospital put in the standing where it rightly belongs, and insidious propaganda...suppressed."


Although the Tampa hospital is fully approved by the A.M.A. and the A.H.A., its standing with the A.C.S. is not its only trouble. Together with the Hillsborough County Medical Society, it has been served with an injunction obtained by Dr. M. R. Winton, one of fourteen physicians it ousted for either not belonging to the county medical society or for practicing for the "centros" (clubs that sell 35c-a-month medical care to Tampa's Latin-Americans). Dr. Winton has asked a state court to rule whether organized medicine may bar non-members from a public institution.

## Coming Indigent Boom

According to figures just released by Hospital Commissioner S. S. Goldwater, the medically-indigent of Brooklyn, N.Y., have multiplied enormously in the past year. They show that visits to the clinic of Kings County Hospital, often said to be the largest in the world, jumped 21%. To relieve overcrowding, the city administration has appropriated \$1,087,500 to expand the clinic.

## To prevent SYPHILIS and GONORRHEA

The Genuine Laboratory Tested



SANITUBES enable physicians to utilize established drug stores as "Prophylactic Stations". SANITUBES have passed every test—including the test of time. Speak to your druggist about selling SANITUBES.

"See the name on every tube"

M.E. Literature on Request

THE SANITUBE CO., NEWPORT, R. I.

# TO HELP YOU in diagnosing heart ailments



## The Electrical Stethoscope

is particularly helpful in examining thick-chested patients—in making examinations in noisy places—and in consultations, for it enables two doctors to listen simultaneously to sounds from the same body location.

This Western Electric instrument amplifies heart sounds up to 100 times the intensity obtained with an ordinary acoustical stethoscope. Its filter circuit enables you to suppress normal heart sounds, thus isolating and accentuating the sounds being investigated.

The Electrical Stethoscope is light and easily carried on house calls. For full details, write to Graybar Electric Co., Graybar Building, New York.



In Canada: Northern Electric Co., Ltd.

**Western Electric**  
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THE SINUS RACKET, by Martin Ross, M.D. (*American Magazine*, November, 1938)

THE AMERICAN MEDICAL ASSOCIATION (*Fortune*, November, 1938)

SHOULD THEY LIVE? by William G. Lennox. The problem of the physically and mentally fit. (*American Scholar*, Autumn, 1938)

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